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ORIGINAL DEPARTMENT.

LECTURE.

MALARIA.

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Reported for the MEDICAL AND SURGICAL REPORTER.

BY A. H. KELCH, M.D.

GENTLEMEN:—I wish to call your attention this morning to well ascertained truths. I show you, here, Johnson's Atlas of Physical Geography. We learn from the Epidemiological Society, of Edinburg, that from the equatorial line of maximum temperature, to the 23° of north latitude, the average mortality from one cause is fifty-three per cent. In latitude 35° north, with isotherm in July 77° near the boundary line of the other zone, the mortality from this cause is fourteen per cent., and in this domain are located many of the largest cities of the earth. In latitude 35° south the mortality from this cause is but three percent. Now, if we look into this subject, we may get some facts for our consideration. In the first place, in this region of a mortality of fifty-three per cent. from that cause alone, we find seventy-five per cent. of that fifty-three per cent. due to yellow fever, cholera, tropical dysentery, and other malarial fevers. We find there is over this area a combination of temperature, aqueous deposit* and vegetable growth; and this combination of conditions is adequate to the production of the effects I have named, while either of them alone would be insufficient. In the beginning of this century the people of Germany were perfectly as

tounded by the presence in their midst of a

dysentery, that swept off thousands of people, and it even extended to Göttingen. There were large districts among the places assailed in which the disease did not prevail. A distinguished German physician who wrote an account of that endemic, when he spoke of the solar temperature, said there was in Germany the heat of Calcutta. What is it that gives to the Cape of Good Hope and all that region south of the thirty-fifth parallel south latitude an entire immunity from these devastating diseases? Everywhere in that region, though the temperature may run very high, there is very little rainfall. This, therefore, has something to do with the presence or absence of this poison. Then, again, I call attention to the fact that there are in Asia 4,000,000 of square miles where the solar temperature is abundantly high for the production of this poison, where none of its effects have been known to occur. At the lower border of this 4,000,000 of square miles are situated the cities of Bagdad and Bassorah, and here we have an immense amount of vegetable growth, which decomposes, in addition to the filth generated by the dense population, and moreover, the water must be kept out by dykes. At these points the virulence and activity of the poison are too well known to need comment.

Let us look nearer home. Suppose you travel in Kentucky, and reaching Shelby county stop to visit a friend. You find that friend and all his family pictures of perfect health. You find them preparing to attend a funeral at a house which you can see very plainly on the opposite side of the sluggish creek, between the two places, and you perceive that the creek is much nearer to the

house of your friend than that of his less fortunate neighbor. Your friend has resided in his present situation from early childhood, and he and his family have been exempt from these forms of disease I have mentioned, while every year the place on the opposite side of the stream has been visited by disease, if not death, these visitations occurring very generally in the spring, summer and autumn.

Let us suppose another case; that you travel in Virginia, in the neighborhood of Petersburg and Richmond, and there you find a farm that has been celebrated for nearly two centuries for the perfection of healthy conditions. To it the wealthy citizens of Petersburg and Richmond were accustomed to resort during the heats of summer, to enjoy its pure, fresh atmosphere, and revel in the delights of a wholesome rural life. In order to utilize all the benefits of this situation, it was determined to build an immense mansion house here. This was done; it was filled with occupants, and the summer passed to the entire satisfaction of those who had resided there. The next summer the same thing was repeated, and with like results, until all began to think that at last a perfect health resort had been found. The third summer they went again, when in a single night every person in one end of the building, on one floor, was taken violently ill, many with vomiting, others with purging, and still others with chills. They were perfectly astounded. In all their previous experience nothing of this kind had occurred. They set themselves to the task of determining the cause of this attack. It was known there was no marsh in the community, and, in fact, the entire region seemed to be free from everything that could produce such a calamity. They were struck by the fact that there was a long row of negro cabins running at right angles to the wing of the house, and the occupants of these were entirely exempt from any disease whatever. They moved the inmates of that part of the establishment into the cabins, and then they began to inquire, why is it that only the inmates of one wing of this building, and of only one floor, were attacked. The inquiry and investigation went on, until some one thought of going into the cellar. There they found an immense amount of rubbish, which the carpenters had thrown there, and in addition a large number of bundles of shingles left over from the roof, and these all in a state of decay. There was no such rubbish in the cellar of the other wing. The place was cleaned and dried, and sickness ceased. Does not that indicate something?

Dr. Wootten, one of the most accomplished physicians of the State of Alabama, was summoned one morning, in great haste, to a plantation a few miles from Mobile, to see the negroes, who were all ill. When he arrived he found—what he had often seen before—a sluggish stream, running through a very fertile piece of land. It very often overflowed its banks, inundating the rich land covered with vegetable growth, yet the inhabitants had not suffered. Why should this change occur this season? A portion of the land between the huts and the stream, that had previously been covered with trees, had been brought under cultivation. Dr. Wootten made the proposition to have them all conveyed to the opposite side of the stream; when this was done they all recovered.

Let us suppose you meet Dr. Robinson in Manchester, in England, and in conversation with him you learn that on one occasion a vessel came into Liverpool, touched at one of the wharves, and that in the night every seaman on that side next to the wharf was attacked with violent cholera; not a case on the opposite side of the ship. The vessel was warped out to sea immediately after such unfortunate occurrence, and the sickness ceased. Late in the afternoon of the following day, another vessel from a distant port, the sailors knowing nothing of this occurrence, takes position at the same place, and meets with the same misfortune.

Now what is this enemy to human life and health; what is its character? It eludes every one of your senses. It does not address itself to your nostrils, your eyes, your ears, nor your taste. It is a silent, quiet enemy, that has devastated countries and cities. Our country is an example of it. It has, within the last fifty years, been the terror and the pest of the farmers and planters about the junction of the Alabama and Tombigbee rivers. They have even been compelled to desert their farms and plantations. Now, gentlemen, if you study the manifestations of this poison you may be able to determine that it appears most active and virulent in the neighborhood of a sluggish stream or marsh. You go so far as to observe that it only acts in one direction every night, and that, therefore, those who happen to be in that part will be attacked, while others out of it are not. You have gathered one or two interesting facts concerning it; but do not rest there, in the imagination that you have conquered the enemy.

There is in Gascony, France, an immense region covered with white sand washed up by the sea, and it is so deep that the people go about

upon stilts, which they have learned to do quite skillfully. For a long time the French Academy was very much astonished to find some of the worst forms of remittent and intermittent fevers in France about this spot. There was not a drop of water near it at this season, there was no marsh near it. Now this throws you all aback. You have satisfied yourself before that you have the solution of the case in the sluggish stream or a marsh, and you may be correct in that finding, but how are you to solve this case where there is no sign of a marsh or stream. When Julius Caesar first visited it there were immense groves of olive trees growing there. These have all been removed and the sea has washed the sand all over this region and there is no living vegetation within it. I shall refer to this subject again presently.

Again, let us come nearer home. In 1850, on the 24th of July, between Tenth and Eleventh streets, in this city, an endemic cholera appeared. I was sent for, about 9 o'clock at night, and the messenger brought the information to me that there were then thirty bodies of those who had already died there, and that about twenty more would undoubtedly be dead before morning, and at that time this portion of the city was comparatively thinly populated. Now think of fifty people being thus destroyed, in so short a space of time. This began in the night, and on the next day there was not a single attack as long as the sun shone, but very soon after sunset there were fifteen new cases; and these, too, were cases of as deadly a disease as ever occurred upon the earth. These cases were attended by the ablest physicians of Louisville, and many of them were prescribed for at the very moment the first sign of sickness appeared. There was not a single individual of the whole number in any way benefited or improved by the medication.

There was a row of houses that extended from the southeast corner of Eleventh and Market, up half way to Jefferson, the lower floors of which were below the sidewalk. Immediately opposite, on the northwest corner, there was an old pond in connection with a hemp factory, and into this pond had been thrown the refuse matter until it came above the surface of the water, and absorbed it. It had been covered over with a thin surface soil, which at this season of the year appeared as dry as this floor. Upon a careful examination, with a view to determining the cause of this trouble, the apparent dryness we found to be far from real. Our walking sticks, when made to penetrate it, caused the water to ooze up around them, as if the ground was

spongy, and filled with water. We next examined Tenth street sewer, which was designed to drain this region, and this was found totally choked. These conditions were speedily removed, and nothing of the kind has ever been known since, though at that spot there live now twenty people to where one lived then. When you come to practice medicine, gentlemen, it will be demanded of you to investigate such questions as this. and you must understand them thoroughly, if you would hold your place in public esteem. It is incumbent upon you that you be able to investigate, and remove conditions tending to the death of individuals in your community.

Let us now return to the subject of the sandy district I have previously spoken of. A distinguished gentleman from the French Academy of Medicine was sent down there to determine the cause of this fatal sickness reigning there. After many other investigations were made he finally bored down in the sand until he came to what gardeners call "hard pan," a layer so hard and solid that it does not permit water to pass through it. As soon as his auger struck that it showed immense quantities of vegetable material washed down through the sand; and that was the case all over this region of sand, wherever these intermittent and remittent fevers were so prevalent. The rains of the winter soaked down to this, and in the summer the solar heat brought about that condition necessary for the development of this poison by decay.

On the second day after the pestilence broke out at this place, we moved everybody out, not permitting any one to sleep there. The injunction was given those who remained to minister to the wants of the sick, not to sleep, not even five minutes. Heeding this injunction, after this frightful mortality not a single individual engaged in the care of the sick suffered any inconvenience. How were they protected? No medication was addressed to them, nothing but their abstention from sleep saved them. How do we know that? We will see. There was an old lady visiting there, who knew nothing of the warning about sleeping there, on Monday night, and on Tuesday she went home, where she remained in perfect health for three weeks. On the twenty-first day after she had slept there she was taken precisely as those who were affected on Monday night. She died in just about the same number of hours, in the same way, and there was not another case of that sickness in Jefferson county. What are we taught by this? She had been where the cause was, and she had

acquired that cause in a sufficiently potential form to destroy her life, though it seemed to have remained latent for a time.

A young man who had been boarding in one of these houses at the time the calamity occurred escaped for the time being, and went to Preston street. Between three and four weeks after he was attacked in the same way the others had been, and he died in just the same manner, and he was the only individual on the street thus affected. Had he removed before the calamity occurred, and not slept in that locality, he would probably have escaped. He might have slept there all day with immunity, but five minutes' sleep after sunset, when the dew point is reached, is sufficient to decide a fatal destiny. These two individuals I have mentioned were the only ones in their locality who had anything like the disease. A man with his entire family moved from this district to Oldham county on the next day. He called to see me a few days afterwards, to determine if it would be safe to go back there. I found he had slept there, and I asked him if he had done anything for himself and family. He replied he had not. I feared it was then too late. I advised him, however, to take some salts of Peruvian bark as quickly as possible. He did not deem it advisable, as he, and all his family felt well. The advice was superfluous, as the next morning every one of the family was dead. The period had come for this latent cause to become a very active one. Those whom we moved were taken to the city hospital, and every man, woman and child was given the salts of Peruvian bark, and of all that number not a single one showed the slightest evidence of the disease. A Baptist minister, who had lost the whole of his family in the first onslaught, came to see me the next morning, to ascertain whether he could do anything to protect himself from the misfortune his family had suffered. I told him to take ten grains of quinine every two hours, until he was thoroughly under its influence, and to keep himself in that condition for two or three weeks. He did so, and was alive years afterward.

Some of you may travel in Italy after awhile, and when you reach Rome, a short time after sunset, you will find every gate is closed on the west side. You inquire the meaning of this, and you are told that the Campagna di Roma is a very fatal spot. You call up your history, and discover that in the time of Augustus Cæsar that was said to be the garden spot of the earth. At that time Rome did not close her gates on that side at sunset. At the time when the Goths and Vandals invaded Rome, they converted

this beautiful spectacle into a de-ert, and now, no mortal man dares sleep there a single night.

Go back to Florence, that beautiful city of flow-ers, and from the tower of the Cathedral, in former times, you could have seen, shortly after a few strokes of the bell, 100,000 armed men marching through the streets of the city; you look down the beautiful valley of the Arno, until it looks like a distant thread of silver, winding its way among the cultivated fields that border its banks; and in all this region you will find that not a single inhabitant attempted to stay there at night after the latter days of June, until November. Along the Mediterranean coast the inhabitants built watch towers for the use of those who guarded their property while the terrific strength of this poison kept them away from it. These watchmen alternate with each other at night. If they keep awake until they get up to the top of the tower they are safe. It is an interesting fact that these people have no difficulty in employing watchmen to attend these places, so well do they understand the conditions of existence there. But a mighty change has been effected here. The subject of that change will engage our attention at the next lecture.

COMMUNICATIONS.

CLINICAL STUDIES OF INEBRIETY. THE TREATMENT OF INEBRIETY EMPIRICALLY.

BY T. D. CROTHERS, M.D.,

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Some years ago I was informed by a physician that the treatment of inebriety was most successful when the patient was given alcohol in all his food and drink, until both body and mind repelled it, or he was so thoroughly disgusted as to be forever weaned from it. Later, when I began to study this subject, and became connected with an asylum for this class, I was surprised not to find, or hear of any one who had seen this theory put into practical operation. Friends of patients frequently inquire if this was not the means used in the treatment, and when questioned could give no authority for their belief. For years I have occasionally noticed statements of this plan of treatment, in both the secular and medical journals, and made many inquiries as to its origin, without finding any intelligent answer. An editor of a medical journal wrote an editorial on this subject some years ago, which, from inquiry, I found to be based entirely on the supposition that such a plan of

treatment had been tested frequently in both hospital and private practice. A physician in Ohio wrote me that a lady in his neighborhood had attempted this plan of treatment with her inebriate husband, which resulted in developing a furious mania, five days after, and his commitment to an insane asylum as a dangerous person.

Dr. Beike, a Swedish physician, gave me the following account of the only test of this plan of treatment which I have been able to find, and which I think is the foundation for all the stories of this theory that have appeared. In 1856, a clergyman in Stockholm, Sweden, who was also a physician, and wealthy, obtained permission from the authorities to receive inebriates in his home for treatment on this plan. Three chronic cases were put under his charge, and were given brandy in all their food and drink, and not allowed to take any food that was not saturated with some form of alcohol. Each patient was given that kind of spirits which they had used commonly, in addition to the brandy. In the course of two months six patients were received and treated on this plan. One of them died two weeks after admission, of apoplexy or cerebral hemorrhage; two developed dangerous cases of delirium tremens, and were sent to the hospital; the fourth patient became violently delirious, and destructive in his mania, and was committed to an insane asylum; the other two seemed to have gone on quietly, in a condition of semi-stupor, or alcoholic narcotism. The authorities interfered, and the clergyman was forced to move away to escape persecution from the indignant friends of the patients. In a copy of the *London Times*, of 1860, I find a letter from a Dr. Brown, stating that he tried this plan of treatment for two days in three cases, and the effects were so alarming that he gave it up.

Another plan of treatment practiced by an irregular physician is claimed to be very successful, which is, to place the patient in a room and give him a large quantity of the kind of spirits which he has formerly used, and teach him to graduate the dose down to nothing, acting entirely on his free will and judgment.

The impression prevails that inebriety comes, in a large degree, from the use of adulterated spirits; also, that the real remedy would be pure forms of alcoholic drinks. A physician placed his son, an inebriate, under my care, advising me if the reaction from the withdrawal of alcohol was attended with any degree of exhaustion, to continue its use again, only securing the best

and purest forms of liquors. This I declined to do, and the son was taken home; the father purchasing a large quantity of the best forms of brandy, attempted his cure at home by the means of pure spirits or liquors.

The dangerous properties of alcoholic drinks come from the different kinds of alcohols, depending on the processes of manufacture and the chemical changes which come from it, and not on the adulterations or presence of foreign substances which the retailer may combine. What is called the purest alcoholic drinks, such as old brandies and wines, are always the most dangerous, from the presence of those complex alcohols whose effects are as violent as they are uncertain. New wine is the purest and safest of all drinks that have any form of alcohol in them.

The advice, not unfrequently given to inebriates, to change the form of drink used, is attended with dangerous results always, for the probable reason that the use of new forms of alcohols may not only increase the degeneration produced by the former drinks, but excite new pathological changes in the nerve tissue more profound and fatal than before. A good example of this was that of an inebriate, of wealth, who had drunk brandy and was considered a typical moderate drinker. He was advised by his physician to use whisky, as being less dangerous. He procured a choice article, of age, and so-called purity; and some months later he was taken to an asylum, a hopeless case of softening of the brain. I think it by no means improbable that the use of a new form of alcohol precipitated the final result. This has been noticed in beer drinkers, who after a certain stage begin to use the stronger alcohols and develop, shortly after, conditions of profound degeneration.

Another grave mistake is often made in advising patients to go abroad or travel, supposing that they can by this means more effectually break up the desire to drink. The irregularities of living, and the nervous strain consequent on travel, always more than counterbalances the advantages of change of scenery and surroundings. Travel in Europe is especially dangerous for all inebriates and opium takers. The opportunity for securing all forms of stimulants, and especially alcoholic drinks, is so great that it is almost impossible to get along and not use them. Many inebriates give up the stronger alcoholic drinks of this country when they go to Europe, and use wines, and as they rarely suffer toxic symptoms, are deluded with the hope of ultimate recovery, by the gradual reduction to less and

less dangerous spirits, until they are able to give up its use altogether. Invariably, on their return, they fall back on the stronger alcohols, and go down precipitately to more chronic conditions than before. The use of wine or beer in all cases of inebriety as a substitute for stronger drinks, is, in my experience, always attended with very bad results. In opium cases, travel to Europe for the purpose of breaking up the use of opium is almost invariably followed by the excessive use of alcohol. Wine and lighter drinks are found in a large degree to take the place of opium, and the latter is, after a time, given up. The transition from inebriety to opium eating, and *vice versa*, is very easy and rapid, and the diseased condition of the system may demand, any time, either one or the other. Experienced physicians are very careful in using opium as a remedy for inebriety, or prescribing any form of alcohol to opium takers. The use of chloral as a stimulant has often begun in inebriates, as a substitute for alcohol, and later, when such cases came under medical care, they are often regarded as *sui generis*, and their alcoholic origin overlooked.

All reliance upon certain specifics or special treatment will end in failure and disappointment. Efforts to find some class of foods which shall antagonize the disordered craving of the inebriate, will of necessity fail, because the complex diseased condition of which this is but a symptom cannot be reached by single remedies or forms of treatment.

An enthusiastic physician received two chronic cases into his family, some years ago, and treated them exclusively on the Graham system, with frequent hot water baths. Both cases recovered, but relapsed in a few months and became worse than ever. The physician had, in the meantime, published his experience as evidence of the value of this system of treatment, and he is even now quoted as having great success in this method, although he never treated any more cases.

The power of prayer and faith, urged by many clergymen, and used in some asylums as an exclusive method of treatment, has been followed by no satisfactory results, and, as an exclusive remedy, has no basis, in either science or religion. This teaching or theory, urged by Mr. Moody and his followers, has done much harm, by appealing almost entirely to the emotional nature of the patient, which sooner or later results in reaction and a greater degree of degeneracy than before.

The legal methods of treatment by punishment in jails is, in spirit and theory, identical with the

efforts to suppress witches, and the persecution of the insane, by legal whippings and burnings.

The following case, which came under my care a few years ago, illustrates many points which have been presented, and indicates the true spirit upon which the treatment should be carried out:—

H., the only son of a prominent physician, came under my care for chronic inebriety, of five years' duration. He had evidently inherited an insane neurosis, and, from exposure in the army, became an inebriate. He drank constantly, was full of delusive plans and schemes for the future, seemed anxious to recover, but made no personal exertions to accomplish it. He was rarely intoxicated, but always under the influence of alcohol. Two years before coming under my care he had an attack of delirium, and was taken to Dr. Kirkbride's, in Philadelphia, where he remained six months, and came out in good health. A few months later he relapsed, and began to grow gradually worse up to the time of his admission at Walnut Hill. He was discharged three months later, at his father's request, that he might engage in business. He relapsed within a year, and, by the advice of a physician, went to Europe with an attendant, expecting a change of scenery and living would bring on restoration. He returned much worse, and was placed in the country, and the cinchona specific tried fully; this compound took the place of alcohol, but when abandoned, alcohol was resumed again. He was converted at this time, signed the pledge, and started out very confidently on a life of total abstinence. A few months after, all these hopes were abandoned, and he drank more impulsively than before. The next year was passed alternating between the seashore and mountains and various mineral springs, consulting both regulars and irregulars, using all forms of remedies and means to restore his health, without any results, except that he was steadily growing worse. The following extract of a letter to me, from his father, clearly indicates the principles of treatment which should apply in nearly all cases:—

"I have decided to trifle no more with H.; his disorder must be met by means adequate to reach it. I have had him legally committed as an inebriate, and shall send him to such an asylum and endeavor to keep him there until he recovers, even if it requires a lifetime to accomplish it. He has promised to remain one year in an asylum, and if he relapses after coming out, I shall send him back another year. I am convinced that the only hope for such cases is

in long continued residence in special asylums for this class, where medical care and restraint can be constantly applied. I do not mean that years of permanent residence in such places are essential, but I would return every case that relapses, for longer or shorter intervals, depending upon circumstances, extending through a long lifetime, if necessary."

All inebriate homes or asylums are nothing more than hospitals, where the patient can recover, and where all the means which science and experience indicate can be concentrated to make restoration more or less permanent. Failure to cure every case is no fault of the hospital, but usually from the want of the persistent use of the means necessary.

CASES OF WOUNDS OF THE CORNEA, WITH REMARKS ON THE USE OF SULPHATES OF ATROPIA AND DUBOISIA.

BY D. B. D. BEAVER, M.D.,
Of Reading, Pa.

The following cases of wounds of the cornea are presented as possessing some features that are peculiar, and of infrequent occurrence, and others that, although common, are often overlooked.

W. Y., aged eight years, was brought to me in October, 1879, with the statement that a week previously his right eye became sore, for which he was taken to an apothecary, to ascertain whether or not a foreign body was in it. The apothecary, after examining the eye, assured the mother that there was nothing in it, and that there was no need of consulting a physician, and, as is usually done, sold her a bottle of medicine.

Upon opening the eye I found pieces of five prickles of a chestnut burr in the cornea, of which four had pierced it entirely and presented their points in the anterior chamber, barely free from contact with the iris and lens. Three had gone through the cornea at right angles with its surface, near the centre, in the area of a moderately dilated pupil. The other struck the cornea at a more acute angle, in an outward and downward direction, about two and a half lines from the corneo-scleral junction, and extended into the anterior chamber, with its point just free from the iris. There was slight pericorneal congestion, with some photophobia and lachrymation, but not pain sufficient to disturb the child's rest at night, and no opacity or inflammation of the cornea, nor implication, in any way, of the iris. One of the less unfortunate features of the

injury was, that none of the prickles broke above the surface of the cornea. If they had, the contact of the moving lid with the exposed ends would probably have moved them back and forth so much as to enlarge the apertures in the cornea, and thus allow the aqueous humor to exude and their points to puncture the capsule of the lens. This accident was the main danger in the case, and was to be guarded against in the abstraction of the foreign bodies. In order to do so, the first step taken was to make an incision, about one line long, over the prickle which pierced the cornea slantingly (of which the broken end was so far below the surface of the cornea that it could not be reached with a needle, without almost certain danger of opening the anterior chamber), in the direction of its length, and through more than half the depth of the corneal tissue, so as to lessen the resistance to the forward pressure of the point by the iris and lens during the loss of aqueous humor which would necessarily accompany the extraction of the others. Then, that one of the others, which extended farthest toward the lens, and almost touched the capsule, was picked out with the point of a Graefe cataract knife, and the others in the same way, in quick succession, before enough aqueous humor was lost to bring the lens in contact with any of them. During and after the extraction of these the aqueous humor discharged until the remaining (slanting) prickle was drawn flat against the membrane of Descemet, by the iris and lens, as was desired, without wounding either of them. After the anterior chamber was refilled the point of the prickle receded from the surface of the cornea, to about midway between it and the iris.

Believing that it could cause no harm there, that it would probably be drawn closer to the cornea again by the contraction of the inflammatory matter, which would form around it during the healing of the incision, and that consequently it would be more dangerous to extract so sharp-pointed a body than to leave it where it could not injure important structures, it was left there, and further results awaited. The vascular injection and other signs of irritation subsided in a few days, and the eye got well, with full vision, and has remained so to this time. The father of the child informed me, a week ago, that the prickle is still there, with its point drawn a little nearer to the cornea, as was expected, and that it appears to have lost somewhat in length, which is owing to the solvent action of the aqueous humor.

If a rupture of the capsule and opacity of the

lens, with considerable signs of intra-ocular irritation had been discovered, different operative interference would have been required.

It would then have been better to remove all the foreign bodies, even if it had been necessary to extract some through an incision in the cornea, because the swelling of the lens consequent upon the permeation of its substance by the aqueous humor would have pressed the iris forward against any remaining one, and thus aggravated existing irritation.

But as things were, the first consideration was to save the capsule and iris, and the best method of doing this was to remove as many prickles as possible with safety at once, and change the position or mobility of the remaining ones, so that they could effect no harm in the event of the loss of aqueous humor.

It did not seem probable that all could be taken out before the anterior chamber would be emptied, so the one which appeared most difficult to extract, and yet easiest to keep from injuring the parts behind, was allowed to remain.

This was the one that had pierced the cornea slantingly. It could, of course, also have been taken out, but not without opening the anterior chamber, either by an incision and the use of forceps, or with a needle introduced, and pressed against its point. The first method would not have been practicable until after the anterior chamber had become filled again subsequent to the extraction of the other prickles, when it would probably have been too late to prevent the injury the operation was intended to avert; and the latter would have been exceedingly difficult to execute, because the point of the foreign body was so close to the iris that it would almost certainly have been wounded with the needle, which would have given rise to hemorrhage, and interfere with the further progress of the operation. With these views the course here described was taken, with the intention of removing the remaining prickle if all irritation would not subside; but the result did not indicate any necessity of doing so.

It might be questioned whether a puncture of the capsule so small as would be made by a single prickle of a chestnut burr would endanger the lens. There are on record many cases in which larger ruptures of the capsule healed without leaving changes in the lens sufficient to impair vision, but they form the exception rather than the rule.

In the fall of 1877 I was consulted by D. H., æt. thirty-four, from a neighboring village, who,

while out chestnutting ten days previously, had his right eye struck by a falling burr. The eye was painful, the pericorneal vessel intensely injected, the iris cloudy, and the pupillary edge adherent in points to the ruptured capsule, the lens swollen enormously, and tension increased.

This condition continued, in spite of medical treatment, and hence I deemed it best to extract the lens.

The result was good: $V = \frac{1}{2}$ with $+$ $\frac{1}{2}$. Upon close examination of the cornea with oblique illumination, only one very minute punctate scar could be detected on the cornea. Evidently, then, a single pin of the burr did all the mischief. In such cases, as in many other injuries of the eye, the importance of examining carefully the cornea cannot be overrated. The diagnosis and prognosis often turn upon the presence or absence of a scar on this part of the ball. This is well illustrated in the following case: Mr. H. came to me in February, 1879, saying that two days before, while he was driving a nail into the lid of a wooden box, he felt something going into his left eye. When I saw him he had no pain and the eye did not appear sore. Oblique illumination revealed a small linear scar, not over half a line in length, in the cornea, over the edge of the contracted pupil. The sight was somewhat impaired, but no wound could be seen in the iris nor the pupillary area of the capsule. Upon dilatation of the pupil with atropine, a rupture was discovered in the anterior capsule, a little higher up than in the cornea, and another in line with these, in the posterior capsule, from which a grayish white linear opacity was seen to extend upward and outward, until lost in general haziness, near the retina. The foreign body had evidently lodged somewhere near the retina, and would probably, sooner or later, cause disturbance. If it had gone directly through the posterior layers of the eyeball, there would, probably, not have been more diffuse cloudiness in the posterior than in the anterior portion of the vitreous, except in case of hemorrhage from a wounded retinal and choroidal vessel, because all the parts of the body are homogeneous. There was no effusion of blood from any of the vessels.

An unfavorable prognosis as to the ultimate result was given, notwithstanding the entire absence of all symptoms of irritation, and the patient advised to lose no time in seeing an eye surgeon, if pain or inflammation should appear in the eye.

Four months later his medical attendant informed me that the lens had been entirely ab-

sorbed, without any bad symptoms, but that the capsule had become opaque, and obstructed vision. Since then I have been informed that later another person performed a needle operation on the capsule, and that it was followed by soreness of the eye and atrophy of the ball.

In this case the foreign body struck the eye in an upward and outward direction, while the patient was looking down, with the head inclined and the brim of the hat shading the eye, which induced dilatation of the pupil to such a degree that the foreign body, probably a small piece of iron from the nail or hammer, passed through the lens without injuring the iris, so far from the centre that the wound was entirely covered by the iris when the patient presented himself. The small scar in the cornea could very easily have been overlooked in a cursory examination, but with the aid of oblique illumination, it was at once discovered and its depth observed.

This method of lighting up the anterior part of the eyeball is so simple and effective that every one who is called upon to treat injuries of the eye, can and should use it in every case in which a lesion becomes not at once apparent with unaided vision. It must have been the experience of every person who sees many cases of wounds of the eye, to have met frequently some in which no lesion or foreign body was visible until after a convergent stream of light was directed obliquely upon the cornea. It occurs most frequently in cases of injury by pointed instruments, pieces of gun cap, and specks of iron and emory.

Mydriatics, in the present fashion of using them for all sorts of pain in the eyes, are often applied very improperly in wounds of the cornea. This is well shown in this case: W. F., aged three years, was sitting on the front door-step while some one was cleansing the glass in the window directly overhead. The noise attracted his attention, and while he was looking up a pane was accidentally broken, and a piece of it in falling struck him in the right eye. When he was brought to me, ten days later, there was a linear cicatrix, one and a half lines long, in the inner lower quadrant of the cornea, extending from the sclero-corneal junction, upward and outward, to which the pupillary edge of the iris was attached by inflammatory matter. The irritation which followed the injury had disappeared, and the wound was healed; but the pupil was very much displaced toward the scar, causing an unsightly deformity. And, in consequence of the peripheral position of the pupil, vision was somewhat impaired. The pupil was partially dilated by a solution of atropia, which the at-

tending physician had ordered. Here a grave error was committed in dilating the pupil. The result of it was a deformity and loss of vision, which could be remedied only by an operation upon the iris. A directly opposite method should have been employed. Eserine should have been instilled, and the pupil kept in a state of contraction until the corneal wound was healed. If the part of the iris opposite the wound had then become adherent, the natural position and shape of the pupil would yet have been preserved. If there had been a protrusion of a portion of the iris through the wound, which would have resisted the action of the constricting fibres under the influence of eserine, a gentle effort should have been made to reduce it with a blunt instrument, and this failing, it should have been abscised.

On the other hand, we meet frequently cases of perforating wounds of the central part of the cornea, in which the first effort of the attendant should be directed toward dilatation of the pupil, and yet, in which he has entirely failed, although there may not have been iritis or intense inflammation of any part of the eye. In most cases this is owing to the use of too weak solutions of mydriatic medicine. If atropine be the remedy, a solution of not less than four grains to the ounce should be used, to obtain dilatation, which, when once produced, can generally be maintained by weaker ones, unless severe iritis supervenes. In that event stronger ones, six to eight grains to the ounce, will be equally uncertain, unless supplemented by mercury to the extent of touching the gums, and leeches or cups to the temple. In quite young children, and in adults who are peculiarly susceptible to the influence of belladonna, the instillation of the four-grain solution is sometimes followed by the general physiological effects of the drug. In the case of children under two years, it is well to make pressure upon the lachrymal sac with the end of the fore-finger, covered with a fold of a linen handkerchief, while the medicine is being dropped into the eye, to prevent the passage of the whole quantity into the nose and throat; or keep the patient under observation until after its full effect upon the pupil is produced, especially in cases in which there is not much inflammation and lachrymation. Under such circumstances there is more absorbed by the conjunctiva, and more finds its way to the throat, than when there is conjunctivitis and the tears flow freely immediately on opening the eye.

Duboisia is commonly used in about half the dose of atropia—that is, a solution of two grains

to the ounce of the former is used for the same purposes as a solution of four grains to the ounce of the latter. This practice seems, however, to be based upon the similarity of the general effects of these two solutions, rather than upon their action on the pupil and ciliary muscles, the object of their use being always to impress the accommodative apparatus of the eye as much as possible, without producing discomfort in other parts of the body. They are both about as strong as can be used without causing, frequently, dryness of the throat, giddiness and flushed face; and in my experience, one has produced these effects about as often as the other. It is probable that the full mydriatic effect of either medicine could be exhibited by the use of weaker solutions in eyes free from inflammatory disease, and that their true relative power to paralyze the ciliary muscle through local application could be better determined thereby.

I have not made any precise experiments regarding this point, but frequent use, in practice, of both articles, in weak solution, one-fourth to one grain to the ounce, leads me to believe that the mydriatic properties, as Ringer and others have found the general effects of duboisia, are very much more than double those of atropia. That it possesses any advantage over atropia, in the treatment of diseases and injuries of the eye, remains yet to be proved. I have used it during the last year and a half about as often as atropia, without finding any difference in its favor, except in several cases in which atropia seemed to aggravate the existing irritation. In one of these its beneficial influence was very marked.

W. K., aged fifty-five years, came to me with a small round ulcer near the centre of the left cornea, which had been treated six weeks with atropine drops, by his physician, under the advice of a specialist, without improvement.

The ulcer was about one line in diameter, excavated, with regular edges, nearly clean base, and surrounded by a narrow opaque zone, which shaded off gradually into the healthy cornea. There were a few blood vessels running to it from the periphery of the cornea, which indicated a tendency to separate action. The conjunctival and pericorneal radiating vessels were intensely injected, and there was lachrymation, a high degree of photophobia, and pain that had disturbed his sleep during the last week. Tension was normal. The disproportion between these severe symptoms and the appearance of the cornea was so prominent a feature of the case as to lead to suspicion that the long continued use of atropine was prolonging and aggravating the disease.

The atropine was discontinued and one drop of a two-grain solution of duboisia sulphate instilled every four hours, and one-fourth grain of morphia ordered to be taken often enough to relieve pain and induce sleep. Improvement began at once and progressed so rapidly that on the fourth day the patient was sent home, with instructions to return upon the appearance of any unfavorable change. At the end of a week he returned with the eye free from pain and congestion, and a small opacity occupying the site of the ulcer. A mercurial salve now completed the cure.

REPORT OF A CASE OF TUBERCULAR MENINGITIS.

BY D. A. HENGST, M.D.,
Of Pittsburgh, Pa.

The following case is reported, not on account of any unusual symptoms presented, but on account of its rapid course and the age of the patient, the disease being extremely rare during the first year of life. I was called September 17th, 1880, to see Alice B., set. nine months; the child's mother stated that she had been vomiting since the 18th, four days ago. She had always been bright and healthy up to within three weeks ago, when she had a severe attack of diarrhoea, lasting about one week.

The child looks pale and emaciated, eyes sunken but pupils natural, tongue coated, temperature normal, pulse one hundred and twenty. Upon examination of gum, find that it is hard and swollen over the left upper incisor tooth.

The family history is good, with this exception: its mother informs me that her mother died of phthisis.

I cut the gum, and ordered one-eighth grain of calomel to be given every hour until vomiting stops.

September 18th: vomiting has ceased, but patient not any better in other respects; is very dull; does not notice anything; respiration sighing and very irregular; pulse one hundred and eighty, temperature 102°; head thrown back; face pale at times, and at others it is flushed; bowels moved several times since yesterday, but discharges natural in appearance. I ordered for it the following:—

R. Potass. citrat., gr. ij
Mist. neutral, ʒj. M.

Sig.—To be given every three hours: also to apply a mustard plaster to the back of its neck every two hours.

September 19th. Very little change in her

condition since yesterday. Continues very dull; wakes with a sudden cry at intervals of half an hour; retraction of the head continues; pulse 140, temperature 101°; respiration irregular and about ten per minute; pupils natural but very sensitive to light. Child will not nurse; directed that it be given one teaspoonful of beef tea every hour.

September 20th. Not so well; more comatose than yesterday; pulse 130, temperature 102; sighing respiration; pupils slightly contracted, the right smaller than the left; bowels not moved for two days; retraction of the abdomen. Tendency to convulsions of an epileptiform nature; the forearm of the left side contracted upon the arm and the thumb flexed within the hand, the left leg partly flexed upon the thigh; there is also a great deal of muscular twitching. There is no cough and the respiratory sounds are normal.

I ordered one teaspoonful of castor oil, to move bowels, also the following:—

R.	Potass. bromid.,	gr. ʒi-ss	
	Spts. nit. dulc.,	ʒj	
	Tr. belladon.,	gtt. viij	
	Syr. simp.,	ʒss	
	Aquæ menth., ad	ʒj.	M.

Sig.—One teaspoonful every three hours; and directed that the child be put in a warm mustard bath every two hours.

September 21st. Not improved; pupils irregular; morbid strabismus; flexion of both thumbs into hands; muscular twitching continues; more comatose; respiration sighing and about ten per minute; pulse 140 and irregular; temperature 102½°; tongue coated with a whitish coating, and abdomen still retracted.

The oil moved bowels freely. Now I ordered the following:—

R.	Quinia sulph.,	gr. viij	
	Ammoniac carb.,	gr. vj	
	Syr. acacia,	ʒij	
	Aquæ menth. ad	ʒj.	M.

Sig.—One teaspoonful every two hours; also twenty drops of spirits frumenti every hour.

September 22d. Has been very restless all night; more unconscious than yesterday. Pulse one hundred and fifty, fluttering and very irregular; respiration nothing but a drawn sigh every now and then; temperature 104°; pupils contracted but irregular, firm strabismus; epileptiform spasms more than any time before. Death occurred at two o'clock this afternoon.

Post-mortem examination made some hours after death, assisted by Drs. March and McNeil. Found about four ounces of fluid within the dura mater and upon the substance of the brain. The pia mater over left middle lobe of the

brain highly congested, and slightly so wherever examined. At base of the brain the same membrane was found greatly thickened, and infiltrated with miliary tubercle, having a peculiar sand-like feel and appearance. The medulla and pons presented nothing abnormal, the substance of the brain being congested throughout its entire extent.

MEDICAL SOCIETIES.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Paralysis Agitans.

Dr. Caldwell. A man, aged fifty-five, suffered in an extreme degree with this disease. Potass. bromide, electricity, etc., were used without benefit. I gave him tinct. nuc. vomice, gtt. x. four times a day, gradually increasing until nearly a drachm was given at each dose. After using for about eight weeks he had a very violent seizure, showing the symptoms of strychnia poisoning. I feared a fatal issue, but by the free use of chloroform the convulsion was controlled, and the man has been free from his old malady ever since.

Dr. Rennolds. I treated a case of spermatorrhœa with strychnia. I gave him one-fortieth of a grain, thrice daily, gradually increasing until the daily dose was over one grain. It was continued in this quantity for over one week. The man improved rapidly, but no symptoms of poisoning appeared.

Membranous Croup.

Dr. Taylor. Some weeks ago, a gentleman in this society recommended iodide of potassium in large doses. Shortly after I was called to a case, and immediately put it upon fifteen grains, every two hours, and the child got well. Since then I have had several cases in which I used it, and all recovered. In one case tracheotomy was performed, with recovery. One of the patients expectorated a large quantity of false membrane.

Diphtheria.

Dr. Percivall. Some years ago an epidemic of diphtheria occurred in the town where I lived. The first case died before I saw it. Fourteen days after another child was attacked; sulphate of copper was used locally, but as it did not seem to answer the purpose, nitrate of silver (ʒj-aq. ʒj) was used instead. As prophylactics, the best of food and brandy were used freely. I had fifteen cases, and not one of them died. This disease is most prevalent among the poor, and I believe its great mortality is largely due to improper and insufficient food, and that if stimulants and tonics were used as prophylactics, a large number of the cases would be rendered more mild, if not prevented entirely.

Dr. Erich. Prophylaxis may be of some use, but I doubt whether we can do much with it. Since I read Oertel in Ziemssen's Cyclopædia, I have been a believer in the parasitic origin of this disease, and what I have seen since confirms

his statements. I have ceased to dread diphtheria since I adopted my present mode of treatment. Formerly I used nitrate of silver, but the struggling of the child seemed to do as much harm as the application did good. I think it highly important to use the medicine frequently. I use—

R.	Quinæ sulph.,	gr. viij	
	Tinct. ferri chlor.,	$\frac{3}{4}$ i	
	Syr. simp.,	$\frac{3}{4}$ iv.	M.

Sig.—Teaspoonful every hour, day and night.

Since I have adopted this method the results have been astonishing. I have used it four years and have only lost three cases. When I see the disease in an advanced stage, I alternate this mixture with a solution of benzoic acid, which seems to relieve the constitutional symptoms.

Dr. Arnold. The treatment of diphtheria is the opprobrium of medicine. Age has much to do with the prognosis; under two years it is an extremely fatal disease. Those cases associated with croup always die. If the patient be over two years and no formidable complications appear, any form of treatment may show good results. Different epidemics also show different rates of mortality. The profession is divided as to its pathology, but the paralysis of the pharynx, heart, etc., show that it is more than a local disease, at least in its secondary effects. The treatment mentioned by Dr. Erich is rational, though not novel, but I would not be too sanguine as to it curing bad cases.

Dr. Morris. During the last two years I have used no iron, quinine nor local applications in this disease. I use ice, food, and lemon juice freely, and have had better success than formerly.

Hydatiform Mole.

Dr. Opie. On December 26th I was called to see a lady with the following history: Was confined January 12th, 1880; menstruated April 30th; missed menstruation October 30th; had a flow begin November 14th, which continued until I saw her. On December 27th I found her bleeding quite profusely, and on examining some of the clots I found hydatiform cysts of the chorion. The uterus was as large as at the sixth month, and the os sufficiently dilated to admit the index finger. I removed the mass gradually so as to allow the uterus to contract as it does in natural labor. There was not much loss of blood, but little pain, and firm uterine contractions followed.

Aortic and Mitral Regurgitation.

Dr. Chambers. A colored boy, who had had rheumatism, complained of pain over the cardiac region. The pulse was weak, and upon examination aortic and mitral regurgitation was diagnosed, for which iron and tincture digitalis were prescribed, with the effect of making him worse. Digitalis was then combined with aconite, without benefit, and finally aconite alone was used, with marked improvement. It is a question whether digitalis might not do harm in aortic regurgitation, lengthening the period of rest, and thus cause greater distention of the ventricle.

Dr. Lynch. Digitalis is less useful in aortic regurgitation than in any other form of valvular

disease. In mitral regurgitation it is our best remedy. There are two periods in cardiac trouble in which it is useful: in the beginning, before ventricular hypertrophy takes place, and in a later stage, when there is dilatation and debility of the ventricle.

Cancer of Stomach.

Dr. Brinton. I bring this man before you to get an opinion as to the diagnosis, my own belief being that it is a cancer of the stomach. He is fifty-seven years old, miller, but for the past two years has been working on mill-stones. Two years ago last autumn had stomach trouble, vomiting, flatulence, etc. Now he has attacks of pain to the left of the ensiform cartilage, lasting for two or three days, followed by vomiting of a dark, grumous matter, which gives relief, and then a repetition of the attack after a rest of one or two days. The bowels are open, without medicine, about every seventy-two hours. His weight has decreased from 147 to 121 pounds. His present attack has lasted two weeks. Solid food gives more pain than liquid, and cold water is not taken, on account of producing pain. There is no family history of cancer. The treatment has been dietetic, lime water and milk, and ten grains of lactopeptine and twenty grains of bismuth, four times daily.

Dr. Opie. I had a case very much like this about six months ago. I was of the opinion that it was cancer of the pylorus, but he passed from my notice and I do not know whether there was a post-mortem examination. I found that by restricting him to liquid diet and using one grain of carbolic acid and half a drachm glycerine, pro re nata, the vomiting was much controlled.

Dr. Cathell. In a case of mine, I met much the same symptoms. The post-mortem showed a strictured condition of the pylorus and seven inches of the small intestine. The orifice was not larger than a crow quill.

Dr. Chambers. The length of time this patient has been suffering in this way is against the belief that it is cancer. Two and a half years is a long time for a case of cancer of the stomach to last. This man has been a drinking man and may have had gastritis in the first instance. I should use nourishing enemata, as milk, blood, etc., and give the stomach rest. For the pain, morphia, dry on the tongue or hypodermically, would be the best remedy.

Diphtheria in Russia.

The United States Consul at Moscow sends a report of Dr. Bulewsky concerning an epidemic of diphtheria at Samara, a city on the Volga river, about 900 miles from Moscow. Children attacked under one year of age, not fed from the mother, died, almost without exception, while sucklings generally recovered. Of those between 1 and 5 years 86 per cent. died. From 5 to 10 years the mortality was 80 per cent. of the cases. The cases among males and females under five years were about equal, but between 5 and 20 years, more than twice as many females as males were attacked, owing to the confinement of the former in infected houses, and their duties as nurses, while the males were at work in the fields.

EDITORIAL DEPARTMENT.

PERISCOPE.

Two Cases of Disease of the Pancreas.

Affections of the pancreas are very rare. Grisolle, during thirty-five years of practice in the Paris hospitals, did not observe a single case of pancreatitis. M. Dethier, Physician to the Civil Hospital at Namur, reports two cases in the *Journal des Sci. Med. de Louvain*, Dec. 1880.

The first was a case of chronic pancreatitis, terminating in suppuration. A woman, sixty-six years of age, became very feeble, and lost flesh rapidly; there was intense jaundice, the urine containing large proportions of the coloring matter of the bile, the feces were clay-colored. Digestion was difficult, vomiting of aliment occurring from time to time. The liver was enlarged and hard, with no irregularities on its surface; painful on pressure. There existed evidently some obstruction to the passage of bile; as the patient had never suffered from colic, this evidently was not due to the presence of a calculus. By careful palpation, a tumor was discovered, situated deeply in the epigastric region; it extended transversely in the place occupied by the pancreas, and was painful under pressure. M. Dethier was of the opinion that there existed inflammatory disease of the pancreas, the head of this organ, by its increase in size, causing obstruction at the orifice of the common bile duct in the duodenum. The patient died four months later, in a state of marasmus. At the autopsy the liver and gall-bladder were found gorged with bile; the thumb could be passed into the enlarged ductus hepaticus, while its orifice in the duodenum was impermeable. The right half of the pancreas was enlarged, red, and hard, and the head being incised, a cavity, containing a spoonful of pus, was found.

The second case was one of primary cancer of the pancreas. The patient, a clerk, thirty-five years of age, had never had jaundice, but for five years he had been subject to attacks of gastralgia. He lost flesh; his skin took on an unhealthy, pale-yellowish tinge; he never vomited, and was rather constipated until shortly before his death. By careful palpation of the abdomen, a small, deeply-seated tumor was found in the epigastric region; it gradually enlarged and invaded all the right half of the abdomen, and became nodular and irregular on the surface. As there was no vomiting, M. Dethier was of the opinion that the tumor had its seat in the pancreas, and the correctness of his supposition was proven at the autopsy. On opening the abdomen a large, white tumor, of scirrhous nature, came into view; it extended from the liver to the vertebral column, involving in its mass the pylorus and the upper part of the duodenum, the common bile duct remaining free. By dissection it was found that the tumor had invaded almost the entire pancreas, the pylorus was transformed into a rigid, dilated canal, into which three fingers could be passed, thus ex-

plaining the profuse diarrhoea, a veritable lien-tery, which came on shortly before death.

Mental Failure, from Strain.

The *Medical Press and Circular* states that Dr. Maclaren, superintendent of a prominent insane asylum, has observed among the patients sent to that asylum a form of insanity which is not melancholia, and which is not dementia, although it may, at first sight, be taken for one or other of these, but which seems to be grave nervous exhaustion. It persistently appears in men who belong to the skilled artisan class. It must be remembered that the intelligent workman of the present day is a very different person from the laborer of a former one, and uses, and probably overtaxes, his brain nearly as much as professional or business men do. The attack to which Dr. Maclaren refers especially affects the middle-aged, whose previous history is that they have been steady, hard-working men, who have saved a little money and who have always been of an anxious turn of mind. In almost all instances they have been men of aspiring temperament, but without the intellectual ability which has enabled a few of their class to rise entirely above it. Yet they are not content to remain in their station, and so they plod and toil, and become a prey to anxieties. Ultimately the prospect of attaining a high position is lost, and then they concentrate their desires on accumulating money. Their whole time is occupied in laboring and planning to increase their store, and they are vexed by apprehensions lest their schemes should miscarry. The hours which should be devoted to sleep are given up to work, or miserly calculations, and then when an illness or a grief comes upon them they break down miserably. They are reduced to a state of utter and complete prostration, mental and physical. The surface of the body is cold and pale, the pulse is feeble, and the mental condition is listless to an extraordinary degree. Power and force seem gone forever, and the stalwart, well set up, acute looking artisan of a short time ago is reduced to a gray, bent, nerveless invalid. In this utter loss of physical power is one of the marked distinctions between this variety of mental disease and melancholia. The cases of this kind which Dr. Maclaren has seen improved under treatment, but never recovered the tone of former days.

Stretching the Facial Nerve for the Relief of Spasm of the Facial Muscles.

At a meeting in November, of the Clinical Society of London, Dr. Allen Sturge and Mr. Godlee presented a paper on this subject. The patient, a lady, æt. seventy two, had been sent to Dr. Sturge by Mrs. Garrett Anderson. She had enjoyed good health until the death of her husband, six years ago. After this her nervous system suffered much; she had fits of depression

and debility, and before long twitching began round the right eye, extending subsequently to all the muscles supplied by the right facial nerve. She had gone through various courses of treatment without result, and she finally consented to have the facial nerve stretched. This operation was performed by Mr. Godlee on July 20th, by means of an incision behind the ear, from the external meatus nearly to the angle of the jaw. The sterno-mastoid and the parotid gland were pulled in opposite directions, exposing the upper border of the digastric close to which the nerve was found, as it emerged from the stylo-mastoid foramen. The nerve was raised on a hook and pulled with moderate force. After a few such pulls the right side of the face was completely paralyzed. The wound was dressed antiseptically, and healed without a drop of pus, or the slightest constitutional disturbance. The face remained paralyzed for two months, and for some days after the operation there was a good deal of pain on the right side, and also in different parts of the head, which returned at intervals during these two months. When seen on October 19th, three months after the operation, the face at rest was nearly symmetrical on the two sides, but there was still a good deal of deficiency of movement in the muscles on the right side. She was, however, rapidly improving, every week making a considerable difference. The operation has now been performed five times, three times in Germany by Baum, Schussler and Eulenberg, once in America by Dr. James J. Putnam, the present case being the first operation of the kind in England. In all these cases there was temporary paralysis after the operation, varying from two weeks in Baum's case to five months in Eulenberg's. It was remarkable that in every case in which the facial nerve had been stretched for spasmodic tic the operation had been successful, while in several cases of spasmodic affection of other parts, as of the arm, etc., stretching the nerves of the part had produced no good effect.

Prof. Esmarch's Antiseptic Methods.

Mr. Little, a London surgeon, who lately visited Esmarch's hospital, at Kiel, contributes to the *Medical Press and Circular*, December 1st, a description of what he saw there. We make the following extract, as of general interest, and as an appendix to what we quoted last week:—

The most noticeable feature is the success achieved by Professor Esmarch under the system of infrequent antiseptic dressing, it being a by no means uncommon event for the first application to be left undisturbed for a month, and thus one of the objections to the antiseptic method, viz., its expense, is removed. In all cases the temperature is carefully watched, and the exterior of the dressings examined daily. On the slightest sign of discharge soaking through, or serious rise of temperature, the dressing is removed and reapplied.

The temperature of the patients, is, as a rule, taken in the rectum, and hence some deduc-

tion must be made in comparing the cases with those in which it is taken in the axilla.

The antiseptic method of Lister, or a modification of it, is, wherever practicable, employed. In place of antiseptic gauze, large pads of carbolized jute (enclosed in antiseptic gauze), or of carbolized hydrophil cotton, which readily absorbs discharges, are used, with carbolized varnished paper over all, and starched gauze bandages; protective is not used. The bone drainage tubes invented by Prof. Esmarch's senior assistant, Dr. Neuber, are extensively used; and, indeed, without some such self-removing drain, the dressings could not, in resection and other cases, be left untouched for so long a time as they are left with its help. The tube is kept in its place by being simply transfixed at its outer end with a common safety pin; and when, after two or three weeks, the first dressings are removed, these pins are usually all that remains to show where the decalcified bone tube has been. The tubes, as used here, are quite soft and flexible, not brittle.

The solution of carbolic acid used for the spray is of the strength of one in forty, and it is not thought necessary to have the sprays playing immediately on the wound, but this latter is thoroughly and often washed out with carbolic acid lotion; and in the operating theatre, which is exceptionally well fitted up, two powerful sprays, worked by compressed air, conducted in pipes from the engine-house, are kept going, throwing the pulverized carbolic acid solution over the table and above the heads of the operators.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—"The Philosophy of Restoratives," is the subject of a reprint from the *American Medical Association Transactions*, by Dr. John R. Uhler, of Baltimore.

—In a reprint, Dr. N. H. Chapman, of this city, records a case of extensive scalding from prolonged exposure to steam at a high temperature. In spite of the large area of the lesion, the patient recovered.

—The various eruptions produced by medicinal agents have been studied in a thorough manner by Dr. Arthur Van Harlingen, of this city. His results are embraced in a reprint from the *Archives of Dermatology*.

—"Sclerotomy in Glaucoma," is the subject of an article in one of the German journals, a reprint of which we acknowledge from the author, Dr. M. Landesberg, of this city. It will be found a succinct exposition of the question.

—The *Popular Science Monthly* is always welcome, but the February issue is especially at

tractive. It always contains articles of moment to physicians, and it will be found an admirable repertoire of the latest discoveries in modern science and exploration.

—*Godey's Lady's Book* for February is well filled with matters of interest to ladies. Each number now contains a complete novel, at the same time that all the old departments are retained. The price is only \$2.00. Published at 1006 Chestnut street, Philadelphia.

—Brooklyn has still another medical journal, *The Pathologist*, monthly, \$1.00 a year. Vol. 1, No. 1, has 12 pages. No editor is named. Several of the articles are well written, and the editorial is a very determined declaration of independence from the medical control of New York city.

—The *Annals of Anatomy and Surgery*, published in Brooklyn, is a continuation of the *Annals of the Anatomical and Surgical Society*. The present editors are Drs. L. S. Pilcher and Geo. R. Fowler. They intend to extend the scope of the journal, and improve it in various ways. We have, on previous occasions, expressed our high esteem for this publication.

—Numbers IV, V and VI of the "Photographic Illustrations of Cutaneous Syphilis," by Dr. George Henry Fox, have appeared (Published by E. B. Treat, No. 757 Broadway, N. Y. Price per number, \$2.00). We can continue to refer to them in the highest terms, as admirable illustrations of the disease in question; better than anything that the art of the engraver can furnish, inasmuch as they are absolutely faithful to Nature herself. The particular lesions represented in these numbers include papular and pustular syphilides, onychia syphilitica, pemphigus iris, eczema squamosum, and ulcerative tubercle. The text contains descriptions of the photographs and also a well prepared chapter on the classification of the syphilodermata.

—Those who have to treat cases of consumption might derive benefit from the perusal of a pamphlet on Phthisis Pulmonalis, and its Treatment with Hypophosphites, by Dr. L. De Bremon, late clinical assistant to Dr. Churchill. (John Newton, Publisher, New York city.) He makes some useful points, as this one:—

"A suggestion that I would offer to my professional brethren is that the doses that are recommended for general use are too large, and sometimes enormous, surpassing three times the doses that Churchill has given as a general limit to obtain good therapeutic effects.

"My own experience of more than twenty years in the treatment of the disease corresponds entirely with his directions.

"It is true that at the beginning large doses will work marvels, but it will soon be shown that they aggravate in place of curing, and in the end will do more harm than good."

—A report on vaccination, to the South Carolina Board of Health, by Dr. S. Baruch, of Camden, S. C., contains much interesting matter, and especially points out the decreasing power of vaccination as a prophylactic. He writes:—

"In the epidemic prevailing in Switzerland from 1825 to 1829, only two per cent. of the deaths were among the vaccinated; in France only one per cent., and that the average per cent. of deaths among the vaccinated in all the epidemics alluded to, up to 1859, is 4.32 per cent., while the average per cent. of deaths among the vaccinated in the epidemics of later years is 12.52 per cent. This difference is so great in favor of the earlier vaccinators that ample allowance can be made for possible errors, and still leave us no alternative but imperfect vaccination to explain the increased mortality among the vaccinated in the last ten years."

Probably the older humanized vaccine matter had lost its effects. The true remedy lies in the general use of bovine lymph.

BOOK NOTICES.

Hernia, Strangulated and Reducible. With Cure by Subcutaneous Injections. Together with Suggested and Improved Methods for Kelo-tomy. Also, an Appendix, giving a short account of various New Surgical Instruments. By Joseph H. Warren, M.D., etc. Boston: C. N. Thomas, 1881. Cloth, 8vo., pp. 280. Price \$3.00.

From various articles which have appeared in this and other journals, the medical public is pretty generally aware that the operation for hernia practiced by Dr. Warren is a modification of that of Dr. Heaton, and described in a work written some years ago by this surgeon. It is not to him, however, that Dr. Warren gives the credit of its discovery, but to Dr. Joseph Pancoast, of Philadelphia. It is true that the latter never brought the method to practical perfection, nor did he carry out the line of investigation which he commenced; therefore he must divide the credit of the discovery with Drs. Heaton and Warren. The latter has made many improvements in the forms of the instruments used, in the details of the procedure, and in the after treatment. These are fully described in the volume before us, and it is recommended to all

who wish to study up this apparently highly satisfactory method for the radical cure of a large class of herniæ.

We regret to have to add that Dr. Warren's book is very indifferently published. The illustrations are wretchedly printed, the type blurred, and the presswork singularly careless.

Revelations of a Boston Physician. By Charles Wistar Stevens, M.D. Boston: A. Williams & Co. pp. 253.

The title of this little volume is hardly fair to its contents. The word "revelations" leads us to expect some indiscreet communications, some introductions to the coulisses and bed room business of the modern Athens. Nothing of the kind. We are treated to a number of little stories, generally pleasant and all harmless, incidents in the actual life of a physician of the poor in a large city. They are agreeably narrated, and are concerned with such subjects as "A Case of Poisoning," "Swallowing a Frog," "The Rag Picker's Death," "What my First Patient Cost me," etc.

Hand-book of Urinary Analysis; Chemical and Microscopical. For the use of Physicians, Medical Students, and Clinical Assistants. By Frank M. Deems, M.D. New York: Industrial Publication Co. 12mo., limp cloth. Price 25 cents.

This manual presents a plan for the systematic examination of liquid urine, urinary deposits, and calculi. It is compiled with the intention of supplying a concise guide, which, from its small compass and tabulated arrangement, renders it well adapted for use. It is a manual which will serve to lessen the difficulties in the way of the beginner, and save valuable time to the busy practitioner. The arrangement of the matter, and the small though clear type in which it is printed, has enabled the author to compress a great deal into a very small compass.

Elements of Practical Medicine. By Alfred H. Carter, M.D. Lond., etc. Philadelphia: Presley Blakiston, 1881. 1 vol., 8vo. Cloth, pp. 374. Price \$3.00.

Dr. Carter is favorably known as a London physician of learning and experience, and a clear writer. His present volume is not at all an ambitious one. He states his object to be to provide the student with a general introduction to the study of medicine, and to bring its essentials within the grasp of those who are not disposed to read large and complete works. In other words, he aims to give a judicious epitome of practical medicine.

After an introductory chapter on general pathology, he takes up the various diseases, pretty much in the order laid down by the nosology of the London College of Physicians, giving in turn the causes, morbid anatomy, symptoms and treatment of each. The extent of the work may be judged from the space occupied by a few prominent diseases. Pericarditis covers two pages, pleurisy four pages, Bright's disease six pages, and measles one and a-half pages.

The work of condensation appears to be judiciously done, and as much is inserted as the restricted space permits. Of its kind, and for its purpose, it is a well prepared book.

Wood's Library of Standard Medical Authors.

Minor Surgical Gynæcology. By Paul F. Mundé, M.D.

A Treatise on Albuminuria. By W. Howship Dickerson, M.D. Second edition.

The energy displayed by Messrs. William Wood & Co., in publishing standard medical works in serial form, is highly to be commended, and we believe is appreciated and rewarded by an extensive patronage from the profession. Some of the works they have chosen for this purpose have been criticised, and we think justly, as representing a period of medical science which belongs to the past rather than to the present, and is of interest historically rather than practically. But this would not hold good of the two works which are mentioned above. They are both by active workers in the profession, and describe the portions of the field they are intended to survey, thoroughly and ably. Dr. Mundé always studies a subject exhaustively; some might say that his book might profitably have been reduced, as a good many of the instruments he describes are tentative and imperfect. But to many this is a praiseworthy fault, if one at all.

An Elementary Treatise on Practical and Analytical Chemistry and Qualitative Inorganic Analysis. By Frank Clowes, D. Sc. With Illustrations. From the Third English Edition. Philadelphia: H. C. Lea's Son. 8vo, pp. 372.

The intention of the author of this work is to furnish a course of instruction in practical chemistry in the laboratories of public and medical schools. It is extremely compact, the text clear, and a system of exhibition by tables adopted, which renders the differences manifest to the eye. Many will find this work sufficient for the chemical knowledge needed in medicine. The present edition has been thoroughly revised and is presented in clear type and on good paper.

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Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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THE ALLEGED HIGHER RATE OF MORTALITY IN THE MEDICAL PROFESSION.

A number of recently constructed mortality tables, showing the average length of life in different trades and professions, unite in seeming to indicate a gloomy prospect to physicians. For instance:—

Hecker confirms by his statistics a fact, indeed already known, that the duration of life among medical men is notably less than the mean. From Escherich's statistics it results that, in Bavaria, of one hundred individuals, fifty-three Protestant pastors, forty-one professors, thirty-nine advocates or magistrates, thirty-four Catholic priests, and only twenty-six doctors, reach the age of fifty.

Kayser, writing from Breslau, finds in that region the average age at which the physicians die is at fifty-six years, priests fifty-eight years, professors fifty-nine years, higher office holders sixty-four years, apothecaries sixty-four years, lawyers sixty-four years.

There is, however, an element in these calculations to which considerable weight must be

given, and that is the large number of men who leave the profession of medicine in early life to seek a living in some other vocation. If out of one thousand graduates, five hundred seek other employments, and of the remaining five hundred only one-half reach fifty years, it is obviously incorrect to say that out of a thousand duly graduated physicians only twenty-five per cent. reach the age of fifty years. Yet this is the error which it seems to us Escherich has committed.

It may be that a similar error vitiates Kayser's figures. In comparing physicians with the higher office holders, for example, we must remember that physicians begin their professional life early, holders of important offices late in life. Suppose that there are no high office holders under thirty years, while one-fourth of the physicians are below that age; evidently this would greatly reduce the average duration of life of the latter as compared with the former, even if after thirty the chances were the same. The average age at which people die after fifty is, of course, higher than the average mortality at all ages; but, for all that, their probability of life is materially diminished, and is much less than the average probability. In London, the average age of public house keepers is quite advanced; but their average mortality is high; apparently conflicting facts, which are explained by remembering that in that city public houses are usually kept by domestics, who retire from service at an already late period of life and open a bar with their savings.

Much depends on whether a business is such that an elderly man is prompted to retire from it early. Our army, in time of peace, has a very low death rate; but the average age at which the soldiers die is very low, something like 33 years, we believe. This is simply owing to the fact that the great mass of the soldiers are young men, and when their period of enlistment terminates, they leave the army and are replaced by still younger men. The disturbed hours, long drives, and irregular meals inseparable to a physician's life lead many to lay it aside for retirement or

other occupations when they reach that age at which these infractions of comfort become exceedingly onerous.

It is clear, from the above, that neither the average age at death nor the percentage remaining alive at a given age will alone acquaint us with the risk to life of any trade or profession. Not even when the average age of those living is taken into account, will either of them do so, because this average age depends upon accidental causes. In Kayser's tables the average age of the living lawyers is the lowest of eight professions; while their average age at death after 30 years is the highest; which he explains by the great number of mere students of law who were included.

The problem is a more complicated arithmetical one than is usually supposed. Its factors are 1. The total number of graduates. 2. The number who leave the profession, and at what age. 3. The average age of those remaining in the profession. 4. The average age at which the latter die.

These factors obtained and reduced by the rules of compound proportion, we should get at the truth about the alleged higher mortality of the medical profession, which, we believe, has never yet been correctly stated.

THE VARIATIONS IN PHARMACEUTICAL PREPARATIONS.

The position which should be occupied by non-official drugs and preparations, with reference to a fixed standard of strength, is one of the problems which confront both physicians and druggists. When they are not in the Pharmacopœia, every manufacturer makes them of the strength—or weakness—best suited to his own interests; and as the physician cannot possibly keep the run of the proportions adopted by all the manufacturers, he either has to "trust to luck," or else write the name of the firm whose preparation he wishes dispensed. To this direction the prescription clerk pays no attention whatever, but puts in whichever of the different preparations he has "in stock."

The variations often are very great. Thus, a

druggist, at the last meeting of the British Pharmaceutical Association quoted the tincture of gelsemium, for example, which, according to a recent article in the *British Medical Journal*, varies in strength from 1 in 5 to 1 in 10, or 100 per cent., and there appears no evidence to show whether the stronger or the weaker is correct. Tinctures of jaborandi, eucalyptus, boldo, etc., may vary similarly. A dozen or more formulæ exist for the syrup known as "chemical food" (the original formula of Parrish not yielding satisfactory results), hence it varies in color, density, acidity, and strength.

Medicinal hydrobromic acid is now largely prescribed, and for its preparation several formulæ have been published. Dr. Wade, who originated the idea of using it internally as a medicine, provides for 10 grains of combined bromine in the drachm; Dr. Fothergill's preparation is about half that strength, and Dr. Squibb's is a purer acid, containing 33.4 per cent. The weaker acid is the one generally used in that country, but it is not that with which the original experiments were made.

Fluid extracts are in the United States so prepared that, as a rule, a fluidounce shall as nearly as possible represent one ounce of the crude drug. In Great Britain both official and non-official extracts vary so much that when a new drug is introduced half a dozen manufacturers may prepare fluid extracts from it, of as many different strengths; the physician who prescribes and the pharmacist who dispenses it both being ignorant of the exact relation it bears to the drug; and, unquestionably, to a less degree the same holds true of the United States.

To meet the difficulty in France, the Paris Société de Pharmacie, publishes from time to time a series of unofficial formulæ, such as are of most current demand, and which are looked to as assigning a standard strength by all the pharmacists of that country.

As we have in this land the National Pharmaceutical Association, it could do, and in a measure has done, the same thing. But its authority is too little recognized outside of its immediate membership. More frequently

produced editions of Pharmacopœias have been suggested. We have a new Pharmacopœia every ten years, and there is a party who thinks we ought to have one every five years. Professor Maisch and other eminent pharmacists are, however, of opinion, that a new Pharmacopœia every five years would give too much trouble to the pharmacist and the physician, but they propose to meet the difficulty by appointing a standing committee, with power to consider the value of newly introduced remedies, and issue a Pharmacopœia *appendix* every two or three years, and to give a place to the new remedies that proved worthy of survival in the decennial Pharmacopœia.

This, too, would be a practical method of overcoming the difficulty, though it would be, of course, necessary to let the new remedies be dispensed as either of uncertain strength, or else as properties of certain forms for a term of years.

When we add together the almost universal adulteration of drugs, the unavoidable variations brought about by exposure to light, keeping for long periods, and chemical changes, the substitutions effected by prescription clerks, and the difference of proportion, process and quality used by manufacturers, one of the uncertainties in therapeutics is accounted for.

NOTES AND COMMENTS.

Transverse Fracture of the Petrous Portion of the Femoral Bone.

M. Gosselin. in a recent clinical lecture (*Le Concours Médical*, Dec. 18th, 1880), called attention to a young man who, after a fall on the head, had presented as salient symptoms, at first, hemorrhage, and then discharge of a watery liquid from the right ear, in which the hearing was completely lost. This liquid was abundant, containing little albumen and a greater proportion of chloride of sodium than the serum of the blood. In the space of twenty minutes about two or three grams of the liquid were collected, so that in a day two hundred grams might be discharged. Then, in this case, we have discharge of cerebro-spinal fluid and rupture of the tympanum; again, in order that this may occur, there must be, says M. Gosselin, a transverse

fracture, on account of the anatomical conformation of the parts (the arachnoid accompanying the two nerves of the seventh pair forms a cul-de-sac in the internal auditory canal). When there is longitudinal fracture there is rather hemorrhage than clear liquid discharge, and the prognosis is by no means so grave. M. Gosselin has observed twenty-two recoveries in twenty-seven cases, while of four cases of transverse fracture, three terminated in meningo-encephalitis and death.

Effect of Vaccination on Skin Diseases.

Several interesting observations on this subject have lately appeared:—

In the *British Medical Journal*, September, 1880, p. 414, Dr. Drury records several cases in which vaccination was performed during the height of eczematous eruptions in children, with the effect of curing the eczema. Several other observers confirm the value of such treatment from their own experience. In the *London Medical Record*, November, Dr. R. Neale, describes the case of a lady, advanced in years, suffering from a maddening attack of chronic eczema, that had resisted a variety of treatment. Vaccination was performed, and the eczema at once improved, and vanished at the end of the week; whether permanently, remained to be seen. In the *Medical Times and Gazette*, March 1863, p. 283, is a very interesting paper by Dr. Grant, reporting cases of psoriasis palmaris, tinea nummularis, tubercula syphilitica, and psoriasis lepraformis, all quickly and radically cured by revaccination.

On the other hand, in the *Gazette des Hôpitaux*, for last May, Dr. Padiou states that he vaccinated a boy, aged eight months, on the 21st of March. On the 26th of March, at the same time that five vesicles appeared on the arm at seat of inoculation, there appeared on the face and scalp, on parts which were eczematous, a confluent eruption of vaccine pustules. These pustules, about two hundred in number, were entirely limited to the parts which were the seats of eczema. They were attended by great swelling. The child became very ill, but eventually recovered. Eight days after the vaccination of the child, a vaccine pustule developed on the right cheek of the mother, and became very large. Two days afterwards a second, then a third, appeared on the same cheek. On the 3d of April a pustule appeared on the right lower eyelid, then two other very large ones, one on the base and the other on the point of the tongue. These were attended with serious

symptoms. A large vaccine pustule appeared on the 2d of April on the left eyelid of the nurse, a girl aged fifteen, attended with considerable swelling of the eyelids and intense congestion.

The Eucalyptus as an Anti-Miasmatic.

Much and deserved attention has been attracted by the plantations of Eucalyptus, located by the Trappists on the pestilential Campagna, near Rome. A correspondent writes:—

I learned that the malaria, which had hitherto at this spot been singularly pernicious, has of late years become comparatively mild in type. This improvement is attributed entirely to the growth of the eucalyptus trees, which to the number of 25,000 have been planted within the grounds of Tre Fontane. The shrubs are protected by wicker-work against injury, during the first few years of growth, after which they are left to care for themselves. Those planted ten years ago have now reached a height of over thirty feet. The Trappists prepare a spirituous extract and an elixir from the leaves, both of which are strongly redolent of the odor and acrid taste of the eucalyptus. The extract they are accustomed themselves to take daily as a preventive rather than a remedy for ague. When the attack is actually imminent, nothing is found to answer so well as quinine combined with some purgative. My informant was evidently himself thoroughly saturated with malarial poison, the virulence of which in this particular locality may be judged of by the fact that it proved fatal to all the eighteen friars, who first attempted to plant the eucalyptus in the district. As it is, the health of the fraternity has so far improved, that all thoughts of abandoning the monastery and the work have now been given up.

Enteric Fever without Lesion of Peyer's Patches.

Dr. J. W. Moore, at a late session of the Dublin Pathological Society, showed the lungs and intestines of a young woman, aged twenty-two years, who unfortunately caught typhus in the hospital when convalescing from a mild but undoubted attack of enteric fever, and whose death was caused on the twelfth day of typhus, and the forty-sixth day from the commencement of the enteric fever, by an intercurrent attack of croupous pneumonia affecting the right apex. The enteric fever was characterized by a typical range of temperature, moderate ochrey diarrhoea, marked splenic enlargement, an abundant crop of *taches bleuâtres* across the back, and a

few rose spots. The fever subsided gradually; a temporary intermission, on the twenty-fourth day, being followed by a moderate recrudescence, lasting until the thirty-second day. On the thirty-fifth day the temperature rose abruptly, and within sixty hours an eruption of maculae appeared. On the forty-third day (the tenth day of typhus), a pneumonia of the right apex showed itself, which proved fatal in about seventy-two hours. The *post-mortem* appearances were, briefly, typical croupous pneumonia of the right apex, very considerable enlargement of the spleen, which was in a state of putrilage. Peyer's patches were indistinct, and apparently perfectly healthy. There was no "shaven-beard" appearance, nor any trace of recent cicatrization. The case illustrated the doctrine of the essential nature of enteric fever, and of the inconstancy of its secondary intestinal lesions.

Dumbness After Measles.

Dr. Van Hassel states, in the *Presse Med. Belge*, that he was consulted about the case of a boy, four years of age, having all the appearance of good health, who, a month before, had a rather severe attack of measles, since when he had lost all power of speech, uttering only some inarticulate sounds. His gestures were abrupt and somewhat choreic. He heard and understood all that was said to him. Since the measles his digestion had been troubled, and there was frequent disposition to fugitive somnolence, with flushing of the face. The pupils were dilated, and there was tenderness over the cervical vertebrae. After some doses of calomel the iodide of potassium was prescribed, and the child was continually exercised in hearing and endeavoring to pronounce monosyllables or short sentences. In a week he was able to articulate some short phrases, the number of words being as yet few; but in a month's time he had completely recovered his usual power of speech.

The Pharmacology of Chloral Hydrate.

M. Dmitrieff, in a recent inaugural dissertation, published at St. Petersburg, states that he has tested the effect of chloral hydrate, both clinically and experimentally, on unhealthy, badly granulating wounds. By excision of a piece of skin in dogs, and infection of the wound with putrefying matter, he produced unhealthy ulcerating surfaces. Some of these he dressed with one or two per cent. solution of chloral hydrate, while the rest were simply covered with

a moist cloth. The first very soon became healthy, and cicatrized before the others. The ulcers, on microscopic examination, were found covered with a layer of micrococci, which disappeared after two or three days' dressing with chloral hydrate. These results were confirmed clinically; and the writer has also shown that an equal quantity of a one per cent. solution of chloral hydrate destroyed, in twenty minutes, all mobility of the bacteria in a putrefying infusion of flesh.

Effects of Electric Light on the Eye.

An unexpected objection to this light arises from its effects on the eye. European observers state that the frequent variations in intensity to which this light is subject give rise to sudden and frequently repeated changes in the pupil, and, consequently, in the accommodation, of the eye. A light of this kind, therefore, causes not only simple muscular fatigue of the eye, but also a considerable degree of blurring and indistinctness of the retinal image. The eye suffers both when the light is too dim and when it is too bright. In the former case, the object looked at must be brought close to the eye to be clearly seen, and an increased accommodative effort is thus called for, which in most instances results in myopia. In the former case the simple intensity of the light produces undue contraction of the pupil, and consequently an increase in accommodative tension within the eye.

Classification of Lung Diseases.

In an address before the British Medical Association, Dr. Octavius Sturges condemned the present accepted classification of lung diseases, and proposed another one. The old arrangement and the one he proposed differ as follows:—

OLD ARRANGEMENT.

1. Pneumonia: acute, lobar, croupous; or acute serous exudative pleuro-pneumonia.
2. Broncho, catarrhal, lobular, pneumonia; secondary pneumonia.
3. Chronic pneumonia.
4. Acute (pneumonic)
5. Chronic (pneumonic) } phthisis.

NEW ARRANGEMENT.

1. Pneumonia.
Pleuro pneumonia.
Broncho-pneumonia.
2. Secondary pneumonic consolidation.
3. Pulmonary (alveolar: catarrh.
4. Fibroid phthisis (fibrosis).
5. (Secondary) pulmonary consolidation.

Some of the advantages he claims for this are:

1. It would distinguish by a cardinal term,

pneumonia, a disease having well-recognized phenomena, and one which it is important to identify and separate in order the better to observe and record the many points of interest in its natural history, as regards especially its varying frequency and mortality, epidemic prevalence, and response to treatment.

2. It would group together, along with pneumonia, and apart from other inflammations, certain allied conditions—pleuro-pneumonia, broncho-pneumonia—wherein the essential features of the primary disease are maintained with such modification as the names express.

3. It would separate from the aforesaid group, by the use of the word catarrh, other pulmonary inflammations which have no definite or uniform clinical course, but arise in such various associations that no name can be rightly applied to them save one that merely describes an anatomical condition.

Position in Palpitation of the Heart.

In the *Lyon Médical* Dr. Bouchut states that by the assumption of what he terms the "congestive attitude," nervous palpitations, not dependent on organic disease of the heart, may be instantly arrested. His directions are these: The patient stands erect, fixes his lower limbs, and then stoops over rapidly in such a way as to touch his toes with the tips of his fingers. The head thus falls forward, and its vessels are at once rendered turgid. If the hand be now placed on the cardiac region, it will be found that the palpitation ceased, the disordered impulse being replaced by a regular and rhythmical beat, which indicates that the organ has resumed its normal action. It is obvious that this treatment is not applicable to the case of the aged or those who indulge in alcohol, or, in short, those in whom the integrity of the arterial or venous system is doubtful.

Statistics of Cancer of the Breast.

In a communication to the *Archiv für Chirurgie*, Drs. Torok and Wittelhöfer have utilized the large amount of material amassed at the Vienna Pathological Institute from 1817 to 1879, in order to investigate some points of the statistics of cancer of the breast. Among 72,000 bodies there was found cancer of the breast in 366, or about 1 per cent. of the 30,000 female bodies. In 351 instances the side was indicated, this being the left in 144, the right in 161, and both sides in 46. While in 184 cases that had been operated upon there were 105 in which metastases occurred; these were absent only in 41 of 182 that had no

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Dr. Van Hassel states, in the *Presse Med. Belge*, that he was consulted about the case of a boy, four years of age, having all the appearance of good health, who, a month before, had a rather severe attack of measles, since when he had lost all power of speech, uttering only some inarticulate sounds. His gestures were abrupt and somewhat choreic. He heard and understood all that was said to him. Since the measles his digestion had been troubled, and there was frequent disposition to fugitive somnolence, with flushing of the face. The pupils were dilated, and there was tenderness over the cervical vertebræ. After some doses of calomel the iodide of potassium was prescribed, and the child was continually exercised in hearing and endeavoring to pronounce monosyllables or short sentences. In a week he was able to articulate some short phrases, the number of words being as yet few; but in a month's time he had completely recovered his usual power of speech.

The Pharmacology of Chloral Hydrate.

M. Dmitrieff, in a recent inaugural dissertation, published at St. Petersburg, states that he has tested the effect of chloral hydrate, both clinically and experimentally, on unhealthy, badly granulating wounds. By excision of a piece of skin in dogs, and infection of the wound with putrefying matter, he produced unhealthy ulcerating surfaces. Some of these he dressed with one or two per cent. solution of chloral hydrate, while the rest were simply covered with

a moist cloth. The first very soon became healthy, and cicatrized before the others. The ulcers, on microscopic examination, were found covered with a layer of micrococci, which disappeared after two or three days' dressing with chloral hydrate. These results were confirmed clinically; and the writer has also shown that an equal quantity of a one per cent. solution of chloral hydrate destroyed, in twenty minutes, all mobility of the bacteria in a putrefying infusion of flesh.

Effects of Electric Light on the Eye.

An unexpected objection to this light arises from its effects on the eye. European observers state that the frequent variations in intensity to which this light is subject give rise to sudden and frequently repeated changes in the pupil, and, consequently, in the accommodation, of the eye. A light of this kind, therefore, causes not only simple muscular fatigue of the eye, but also a considerable degree of blurring and indistinctness of the retinal image. The eye suffers both when the light is too dim and when it is too bright. In the former case, the object looked at must be brought close to the eye to be clearly seen, and an increased accommodative effort is thus called for, which in most instances results in myopia. In the former case the simple intensity of the light produces undue contraction of the pupil, and consequently an increase in accommodative tension within the eye.

Classification of Lung Diseases.

In an address before the British Medical Association, Dr. Octavius Sturges condemned the present accepted classification of lung diseases, and proposed another one. The old arrangement and the one he proposed differ as follows:—

OLD ARRANGEMENT.

1. Pneumonia: acute, lobar, croupous; or acute septic exudative pleuro-pneumonia.
2. Broncho, catarrhal, lobular, pneumonia; secondary pneumonia.
3. Chronic pneumonia.
4. Acute (pneumonic)
5. Chronic (pneumonic) } phthisis.

NEW ARRANGEMENT.

1. Pneumonia.
Pleuro pneumonia.
Broncho-pneumonia.
2. Secondary pneumonic consolidation.
3. Pulmonary (alveolar) catarrh.
4. Fibroid phthisis (fibrosis).
5. (Secondary) pulmonary consolidation.

Some of the advantages he claims for this are:

1. It would distinguish by a cardinal term,

pneumonia, a disease having well-recognized phenomena, and one which it is important to identify and separate in order the better to observe and record the many points of interest in its natural history, as regards especially its varying frequency and mortality, epidemic prevalence, and response to treatment.

2. It would group together, along with pneumonia, and apart from other inflammations, certain allied conditions—pleuro-pneumonia, broncho-pneumonia—wherein the essential features of the primary disease are maintained with such modification as the names express.

3. It would separate from the aforesaid group, by the use of the word catarrh, other pulmonary inflammations which have no definite or uniform clinical course, but arise in such various associations that no name can be rightly applied to them save one that merely describes an anatomical condition.

Position in Palpitation of the Heart.

In the *Lyon Medical* Dr. Bouchut states that by the assumption of what he terms the "congestive attitude," nervous palpitations, not dependent on organic disease of the heart, may be instantly arrested. His directions are these: The patient stands erect, fixes his lower limbs, and then stoops over rapidly in such a way as to touch his toes with the tips of his fingers. The head thus falls forward, and its vessels are at once rendered turgid. If the hand be now placed on the cardiac region, it will be found that the palpitation ceased, the disordered impulse being replaced by a regular and rhythmical beat, which indicates that the organ has resumed its normal action. It is obvious that this treatment is not applicable to the case of the aged or those who indulge in alcohol, or, in short, those in whom the integrity of the arterial or venous system is doubtful.

Statistics of Cancer of the Breast.

In a communication to the *Archiv für Chirurgie*, Drs. Torok and Wittelhöfer have utilized the large amount of material amassed at the Vienna Pathological Institute from 1817 to 1879, in order to investigate some points of the statistics of cancer of the breast. Among 72,000 bodies there was found cancer of the breast in 366, or about 1 per cent. of the 30,000 female bodies. In 351 instances the side was indicated, this being the left in 144, the right in 161, and both sides in 46. While in 184 cases that had been operated upon there were 105 in which metastases occurred; these were absent only in 41 of 182 that had no

been operated upon. Metastatic secondary cancer occurred most frequently in the lymphatic glands (192), in the respiratory organs (132), and in the digestive organs (139, of which 127 occurred in the liver).

Iodoform in Gynaecology.

Dr. Kurz, in *Allgem. Med. Centralzeit.*, February, 1880, states, that he has employed iodoform, and with excellent results, in the treatment of chronic metritis, perimetritis and peritertiary phlegmon, as also in ulcerations of the cervix.

In treating such cases, a tampon may be saturated with a solution of iodoform, one part in ten parts of glycerine, and then introduced; or an ointment of the same strength may be used. These applications are much superior to those of tincture of iodine, as they calm the pain, and even sometimes induce a slight degree of general narcosis.

The iodoform tampon should be introduced twice a week, and at the same time inunctions with an ointment, containing one part in ten, should be made over the abdomen.

Nerve Stretching in Locomotor-ataxia.

This treatment has been tried in Charcot's wards in Paris. According to the late reports, one of the cases continued to improve, and a month after the operation remained free from pain; the gastric crises disappeared, and the motor incoördination, also, nearly entirely disappeared from both sides. Another case, under the care of M. Debove, was operated on; the median and musculo-cutaneous nerves of the right arm were those stretched. After the operation the pains diminished in the right arm and disappeared in the left arm and the lower limbs. The plantar anæsthesia also much diminished in the left side: the motor incoördination improved; walking became possible without support. The patient regained regular sleep, and refused morphia, as his pains "are nothing to what they were."

An Epidemic of Orchitis.

During an epidemic of mumps Dr. Heller observed, in the garrison of Dantzic, a concurrent epidemic of orchitis (*Berliner Klin. Woch.*, 1880, No. 38). There were in all twenty-nine cases, whereas the usual number in a year in the garrison is but two or three. Only two of these twenty-nine had mumps at the same time. The

symptoms were characteristic—pain and swelling of the testicle, the skin of the scrotum not being implicated. Fever was present in most cases, lasting four or five days, after which convalescence required about the same length of time. In fourteen cases the left, in twelve the right was implicated, and in the remainder both suffered, but only one at a time. Atrophy of the testicle followed in a number of cases.

Treatment of Paralysis of the Accommodating Muscle.

In case of paralysis of the ciliary muscle (accommodating muscle) and of the sphincter of the pupil, Dr. Yvert recommends repeated instillations of a collyrium of neutral sulphate of eserine and fomentations of aromatic spirits. If needed, electricity may be employed, applied locally, as may also subcutaneous injections of strychnine. If these measures fail, there is no recourse left but palliative treatment, that is to say, the use of convex glasses adapted to the degree of paralysis. Generally, it is only through repeated trials that the defect of refraction can be exactly corrected.

Salicylic Acid as a Foot Powder.

As a protection to the feet, in the Russian army, salicylic acid is used. It is in the shape of a powder, and is a great preventive against perspiring and sore feet.

COMPOSITION.

Acid salicylic,	3 parts.
Amylum,	10 "
Powder of talcum,	87 "

It is applied dry; on a march, daily; in garrison, every two or three days. It takes off the irritating influence of the perspiration of the feet, and prevents, in consequence, the soreness.

In the Italian army aniseed is similarly used, in hot weather.

The Dioscorea Villosa.

A correspondent in Iowa speaks highly of the fluid extract of this indigenous plant in bilious colic, and he relates a very severe case in which a teaspoonful dose gave immediate relief.

The wild yam has long had a reputation as a "colic root." It is mentioned in the appendix of the United States Dispensatory, but as Prof. Stillé remarks, in the last edition of the National Dispensatory, "Time has not added to our knowledge of its properties." He thinks its active principle is allied to ipecac.

CORRESPONDENCE.

Curious Affection of the Nails.

ED. MED. AND SURG. REPORTER:—

A few weeks ago there visited me a young lady troubled with bronchitis. While treating her my attention was drawn to a most peculiar condition of her finger-nails, with a request that I would attempt a cure of the trouble. The affection is of such a character as to make me think it an isolated case. I bring it to the attention of the REPORTER and its readers, with the hope that there may be offered a method of cure. The history of the case, little of which will suggest a cure, is as follows:—

Miss H., aged sixteen; with the exception of bronchial trouble, the patient enjoys general good health. Her cheeks are red and her skin fair and unspotted. Both parents are living and well. She has several sisters and a brother, all of whom enjoy good health.

When about thirteen years of age Miss H. was engaged in the warping process in the manufacture of organzine silk. She soon began to notice a change in the appearance of the nail on the index finger of the right hand. The nails appear to have been naturally long and well-shaped. But the one referred to began to separate from the matrix and leave a correspondingly large free edge. This change, which was slow and attended by inflammation and pain, proceeded inwardly from the outer border of the matrix. During these three years the remaining fingers on that hand, as well as those of the other hand, became similarly implicated, the action in each being the same as on the index finger indicated. On some of the nails, instead of the fine parallel lineation generally found on the surface of a normal nail, there are several indentations and irregularities. The nails of both hands have now recumbed to the change, as have, also, two nails of each foot.

The difference between my patient's nails and those of a normal condition, is very striking. The free border is not very thin, nor apparently very brittle; as, though engaged in an employment requiring the steady use of the fingers, none of the nails are broken off. The pink hue of the matrix, as seen through the nail, is fast disappearing. The work in which the patient was engaged was of a poisonous character. She believes that none of the silk was dyed with deleterious coloring matter. Two sisters were engaged in the same work, but neither they nor the rest of the operators have had the faintest change in their nails or fingers: nor have they suffered in any other way from poison.

From boyhood, up, the father had some inconvenience with one toe, arising from the appearance, almost periodically, of a spot of soreness on the nail, which was always followed by an inflammation of the entire nail and its subsequent loss. It is not, however, probable, that any heredity exists between the father's nail trouble and that of the daughter.

The patient has sought advice from various sources, and has used several ointments, and

many other forms of treatment, but without avail, as the affection gradually becomes more serious.

The social position of the patient renders the annoyance of having her otherwise well-shaped and comely hand so strangely altered one not to be lightly regarded. But thus far I have not been able to determine a remedy which will be likely to check the disease and cause the nails to cling more closely to the matrix.

If, from what has been stated, any of my brethren can suggest a cause for this singular disease, and a course of treatment, it will greatly relieve my perplexity.

G. M. MAXWELL CHRISTINE, M.D.

2121 North Eighth street.

Placenta Previa—A Forced Delivery at Eight Months—Mother and Child Saved.

ED. MED. AND SURG. REPORTER:—

Mrs. E. H., æt thirty-eight years, a strong woman, the mother of nine children, all natural presentations—but most labors were severe and children had to be delivered with instruments—became pregnant about the first of May last, and was perfectly well up to December 6th, when she was suddenly seized with quite a profuse flow of hemorrhage from her womb, which, however, soon ceased of its own accord, and she continued to do her usually heavy household work; but a few days later she complained of malaise, a sense of weight and of numbness in the pelvis, etc.; she was suddenly aroused in the middle of the night by the escape of blood from her genital parts. When I was first consulted, the hemorrhage, which was but moderate, had soon ceased, and as the woman was not plethorous, I did not perform venesection, merely recommended the horizontal position, rest, restricted diet and cool, acidulated drinks. She was soon up and about, to be again taken with hemorrhage, which was readily stopped on resuming the recumbent position. She had quite frequent attacks of a similar nature, but always in moderate amounts, up to the night of January 1st, when I was very hastily summoned to her bedside. Hemorrhage now very profuse indeed; vaginal or digital examination revealed uterine orifice almost completely closed, and the child very high up. I now advised absolute rest in the horizontal position, emptied the bladder per catheter, with elevated hips, refrigerants, etc., and administered *vinum ergotæ* ʒss, in three doses, at intervals of ten minutes, which had a very salutary effect upon the hemorrhage, when I left my patient. Was called again at noon the same day, when I found the flooding had become much more profuse, but no uterine pains or contractions had manifested themselves all the time. I now found the orifice slightly more dilated. Demanded a consultation. Dr. K. was now telegraphed for, but replied that he had another engagement and could not possibly come. I now had to choose between two resources, the tampon and rupturing the membranes. I chose the latter. I now administered several (gtts. xxx) doses of *ext. ergotæ fld.*, applied frictions over the abdomen, introduced my index finger into the

uterine orifice, titillating the os, and attempted to dilate the same. I soon found the parts became dilatable by these manipulations, interrupted by intervals of rest from time to time. She now experienced slight pains; slight contractions followed. I found the membranes becoming tense and engaged at the upper part of the cervix; these I soon ruptured. The head being the presenting part, I carefully pressed it up with the finger, so as to permit all the liquid to escape, when soon all hemorrhage ceased. Woman now felt several pains, bringing down the head into the excavation of the pelvis, and the soft parts being perfectly dilatable by this time, I found the flooding had been caused by an insertion of the placenta over the posterior orifices of the internal cervix. I applied the forceps and delivered the child very hastily, which, much to the surprise both of myself and family lived (having been asphyxiated but soon commenced to breathe). Both mother and child were, as a matter of course, very weak, but are doing admirably well at this writing, and may be fairly considered out of danger.

W. P. KISTLER, M.D.

Schencksville, Pa.

Open Confessions.

ED. MED. AND SURG. REPORTER:—

In some recent numbers of your journal articles have appeared on the above subject, and *apropos* of the same I do not hesitate to unburden myself also.

About a year ago, I was excitedly "rung up" at two o'clock in the morning, by Mr. W., announcing that "his wife was vomiting blood, urging me to hurry, before she was dead." Without making the usual stereotyped inquiries, I immediately responded, and was soon at the bedside of Mrs. W., whom I found blanched and well nigh pulseless, at intervals giving a short hysterical cough, and scarcely able to articulate, by reason of dyspnoea. The room was crowded with anxious friends of both sexes, and in a room adjoining I was shown a large pool of blood upon the floor, as one of the voluble females present expressed it, "just as she had thrown it up."

Not being the family physician of Mrs. W., although a regular attendant upon her husband, I had, during a previous visit to him, been consulted by his wife concerning her weak lungs, and the propriety of taking cod-oil therefor; and owing to her present exhausted condition, I asked no further question, but at once began administering ergot and iron, with applications of ice bags to the chest, followed by much apparent benefit, leaving her, an hour or so later, quite comfortable, announcing that, inasmuch as I had been called in an emergency, I would turn the case over to her own physician, and would not repeat my visit.

Some months later one of the ladies who was present on the evening of the hemorrhage rather knowingly asked me "What was the matter with Mrs. W.?" and, of course, I responded "hemorrhage from the lungs." Assuming a still more wise appearance, with a twinkle in her eye, she said, "Well, doctor, the blood did come from her body, but not from that end—she had a mis-

carriage. Exit M.D. Who will cast the first stone? A. T. VANVRANKEN.
West Troy, N. Y., Jan. 20th, 1881.

A Query in Ethics.

ED. MED. AND SURG. REPORTER:—

I am not in the habit of writing articles for publication, nor do I now propose to ask much of your valuable space for such a purpose. As a good deal has lately been written about bogus colleges and the diploma traffic, I would call your attention to another subject somewhat germane, I think, to those just mentioned.

There are some highly respectable medical colleges in our land who propose to receive a certain number of worthy, poor, young men, whom they call "privilege students," at a less rate of tuition than they charge others. They send out their private letters and also publications to the physicians of the country, asking their coöperation in the good work of educating the "worthy poor" who are to be known only to the professors of the college as "privilege students."

Now, this may be all good enough in itself, but I ask if it is in consonance with the ethics of our profession for these same philanthropic and charitably disposed college professors, when one of these privileged ones is so unfortunate as to get sick in their midst, to charge him the regular fee for prescription and attention that they are in the habit of charging their patients ordinarily. Surely "the legs of the lame are not equal."

I may not be abreast of the times on this subject, having graduated in medicine a quarter of a century ago, but one thing I do know, the professorship in my "alma mater" never charged a medical student, rich or poor, for prescription or attention when sick. If I am behind the advanced ethical position of the profession, as indicated by these luminaries, I would like to know it.

ENQUIRER.

[We should entertain a very small opinion of any Professor who would charge a student for professional services.—ED. REPORTER.]

Substitute for Tobacco.

ED. MED. AND SURG. REPORTER:—

In looking over the back volumes of your Journal, I noticed in January 3d, 1880, number, a question by a Dr. B. L. L. of Illinois, asking, "Is there any harmless substitute, or drug, which will induce a distaste for tobacco?" And in reply, would say, that about eighteen months ago I was attending a young man who had used tobacco to such an extent that it was affecting his nervous system, and having used it for a number of years he found it difficult to do without something to chew, as he stated it, when I suggested that he try common chewing gum for a while, until his system could rebuild itself again. After having used the common gum (that is, no particular make), for two or three weeks, he has had no desire for tobacco, and has not taken a chew since he first began using the gum.

In the last six or eight months I have recommended it to several tobacco chewers (one of

thirty years' standing), with like success, and I begin to think it is a cure that at least only costs a trifle to try it, and is not an unpleasant experiment. I am sincere when I say to the medical profession that it is the nearest a harmless, and I think, a successful, antidote for tobacco of anything that we have ever had.

It was discovered by the merest accident, and by giving it to the profession I am desirous of hearing of their failures and successes elsewhere with it.

FRANK B. BULLARD, M.D.

Chesnut, Illinois, January 14th, 1881.

Letter from Southern Illinois.

ED. MED. AND SURG. REPORTER:—

Southern Illinois seems to be seldom represented in the columns of the REPORTER, although we know that it has many readers in this locality. This lack of representation in your columns does not arise from inactivity, or want of due appreciation on the part of the profession here, for a more active, wide-awake, intelligent set of medical men cannot be found in any other locality.

We have just returned from the regular annual meeting of the Southern Illinois Medical Association, held at Du-Quoin, where the above assertion was fully verified.

This Association now numbers about two hundred members, which includes about every medical man worthy of recognition in its legitimate territory, and is doing a good work for itself and the cause of medicine. It was one of the active factors in originating and promoting the existing medical law in the State, which is quite generally commended for its thoroughness and efficiency. The Association is one of the strongest medical organizations in the State, and its transactions will compare favorably with those of any other in the country.

The medical law above referred to has done much to purge the ranks of the profession of the illiteracy and incompetency that hitherto encumbered it, but unfortunately, the last clause of the act—its caudal appendage, we call it—permits men who have practiced, or pretended to practice, ten years in the State to continue unmolested, regardless of their good, bad, or indifferent qualifications. We personally know of two men who are using that privilege, so illiterate that they are not only unable to write their own names, but fail to read the plainest English print. However, our efficient State Board of Health refuse to give such practitioners certificates, and they are thus practically ostracised by the profession and the more intelligent communities.

It is hoped that our State Legislature, during its present session, will perform a capital operation by amputating the aforesaid caudal appendage to the otherwise satisfactory law regulating the practice of medicine in the State.

JAMES I. HALE, M.D.

Anna, Ill., Jan. 25th, 1881.

—A New York dealer in bad milk has been fined \$150, and it is suggested that if the law is generally enforced the city will realize sufficient in fines to pay the interest on its debt.

NEWS AND MISCELLANY.

Experiments in Hypnotism.

Dr. Wm. A. Hammond recently delivered an interesting lecture on this subject, in the New York University Medical College, from which we allow ourselves a few extracts:—

He stated that persons could be put in a hypnotic condition through different senses, but a simple way was to hold a piece of glass before a subject—glass from a chandelier, for instance—and he would pass into a hypnotic state. This faculty was not confined to men and women, but existed also in animals.

Last summer, continued Dr. Hammond, I hypnotized crabs in Fulton Market. I stroked a dozen of them and soon had them all standing on their heads. You could then have clipped off their fins and they wouldn't have known it. You can hypnotize a frog, and, laying him on his back on the palm of your hand, rip him open with a pair of scissors and it won't hurt him. Mr. Bergh might try to stop such an experiment, although I think he hasn't the power to do it. I have a hen here that went into a hypnotic state yesterday without having anything put before her to look at.

Dr. Hammond then took a hen out of a bag and pressed her head down on the table; she remained motionless. He said hypnotism was not a good name for the condition he was describing, as it was not an induced sleep, but a condition capable of being effected by the mind of another person. He suggested the word "sugignoskism," which he had worked out with fear and trembling, as expressing the condition of agreeing with some other person's mind.

H. S. Gray, a slight, light-haired man, was then chosen from among the subjects for the first experiment. Dr. Hammond held a piece of glass before his eyes, and he followed it around the room as if it were a magnet.

"You have read of serpents charming birds," said Dr. Hammond. "It is the same principle as this. The glittering eyes of serpents hypnotize the birds."

"Look here," he continued, bringing a bottle quickly to the subject's face. "Here is a pretty girl. Ask her to take a walk with you."

Gray gazed at the bottle with admiration, and, encircling it, strutted up and down the room, requesting of his imaginary companion the pleasure of an extended promenade. Dr. Hammond ran a needle through Gray's skin, and left it sticking in his hand, but Gray was wrapped up in the young girl.

"That's not a young girl," exclaimed Dr. Hammond, taking the bottle from him, "it's an old woman, seventy-five years old, if she's a day."

Gray recoiled quickly, and a look of intense disgust overspread his features. He was next given a slice of lemon to eat, being told it was a Florida strawberry. He pronounced it excellent, and then munched a piece of aloë, which he was informed was chocolate caramel, with great relish. A sulphur match was burned under his nose. Dr. Hammond said it was cologne that he was smelling.

"It's first-rate cologne," answered Gray, "although it's pretty strong."

Ammonia was placed to his nostrils, and he was informed that it was water. He poured some on his hands, smelled the liquid, and said it was undoubtedly water. A number of other experiments illustrating this condition were made.

Chemical Examination of Drinking Water.

We quote the following from the *Bulletin of the National Board of Health*:—

A careful study of the chief methods in use for the chemical examination of potable water, so far as organic matter is concerned, has been undertaken by order of the National Board of Health. It is particularly requested of the correspondents of the Board, of medical men throughout the country, and of others interested in sanitary matters, that any well-marked case of disease which may seem, on medical grounds, fairly attributable to organic impurities in drinking water be promptly reported to Dr. J. W. Mallet, University of Virginia Post Office, Albemarle County, Virginia, with a few lines stating clearly the medical nature of the case, and the character of the evidence on which the water in question is suspected of having actually caused disease in persons who have used it.

It is further desired that a sample of each such water be forwarded for examination, but not until notice has been received from Dr. Mallet that the analysts are ready to proceed with it, since it is important that no useless delay should occur between the shipping of the sample and its investigation in the laboratory. In notifying any one who may be able to furnish specimens of suspected waters that may be forwarded, clear instructions will be sent as to the quantity of water required, and the mode of collecting, packing and shipping it.

It is particularly desired that no case be presented on doubtful or vague evidence, since one important object of the inquiry demands that all such be rejected, and only those cases examined which involve the strongest grounds for believing that mischief has really been caused by organically foul drinking water.

The cost of packages and transportation for samples will be borne by the Board of Health.

The Medicine of the Talmud.

A French writer gives some curious extracts from the medical portion of the Talmud. Most of the opinions expressed by its authors indicate, as might be expected, very imperfect observations. For instance, they believed that the urethra presented throughout its length a fine septum which divides it into a spermatic and a urinary canal. They believed that by long retention of urine this septum might be rent, and a fistulous opening between the two canals result—a "spermatico-urinary fistula"—which would render a man sterile. Hence they drew the useful lesson that there should be no avoidable delay in micturition.

The physiology of the Talmud is grotesque enough in some particulars. "The kidneys give

advice, the heart understands, the tongue produces articulate sounds, the mouth completes them, the œsophagus receives and rejects food, the trachea produces the voice, the lungs absorb liquids, the liver is the seat of rage, and the gall-bladder throws bile upon it and calms it, while the spleen is the seat of laughter." Among other duties of the learned doctors was the superintendence of the slaughtering of animals. Arguing from their physiological knowledge that the trachea and œsophagus are the structures most essential to life, they ordered that all animals should be slaughtered by the division of these only. A certain Rabbi, having observed that this was not a very speedy mode of death, suggested the division of the blood vessels of the neck, but his advice was overruled.

The therapeutics of the Talmud consist almost wholly of hygienic rules, although one sage recommended bleeding every thirty days, as a preventive of disease, and he also indicated certain days of the year and week on which venesection was most advantageous. The opinion ascribed to Rabbi Banaah may, perhaps, have been general. He said: "Wine is the best of remedies; it is only where there is no wine that drugs are necessary."

The Night Medical Service in New York City.

Dr. Henri Nachtel, to whom is due the night medical service in New York City, has just addressed the Academy of Medicine, in Paris, in regard to our system of ambulances. Dr. Nachtel, who has thoroughly studied the method of transporting those suffering from accidents in New York to the hospitals, is loud in his praises of the rapidity and efficiency with which the system is carried out. In France, the method of transporting the wounded through the streets seems to be of the most primitive kind. In Paris, when a wounded or ailing man is found, policemen take charge of the person, and he is carried to the nearest apothecary. Though Police stations abound in Paris, a person suffering from an accident is never carried there. A litter has to be hunted up, and then porters found, who transport the person either to his house or to the hospital. Before all this can be accomplished, minor accidents, for want of immediate attention, become of the most serious character. Dr. Nachtel thinks even that deaths frequently occur in Paris from want of celerity in the transporting of patients. In dwelling on the many advantages of the New York ambulance system, Dr. Nachtel expressed the hope that our method might be adopted in Paris. A commission, composed of MM. Larry, Legouest, Vulpian, and Chereau, was appointed by the Académie de Médecine to study the whole subject. It will be pleasant to know that Dr. Nachtel has been the means of introducing into Paris the New York ambulance system.

Shall We Shave or Not Shave?

It seems, from a note in the *Lancet*, that the tendency in England is to go back to the shaven faces of our ancestors. That journal writes on the hygienic aspect of the question as follows:—

"We fear the laborious argument that it was healthful to man to spare himself the trouble of shaving was somewhat strained, and that the wish for a fashionably formidable appearance was father to the thought of healthfulness as regards the wearing of beards and moustachios. The number of persons returning to the old English practice of shaving both the chin and the upper lip is noticeably increasing, and there is certainly much to be said for the clean and orderly character of the result. It is, at least, a remarkable circumstance that throat affections have not died out, or, we believe, sensibly diminished, since the custom of growing the beard became general. It must, in the long run, be a matter of personal predilection whether a man shaves or leaves his face embellishment to nature. It is practically, in this case, as in most others, idle to seek an argument in favor of the vagaries of fashion in the code of health laws."

Born Bearded.

The chief magistrate of Nicoya, Costa Rica, records, with all seriousness, the birth of a monstrosity, a five-months' child, possessing marked and exceptional features. This diminutive and curious infant is fully bearded and has two small teeth on the lower jaw, and appearances indicate the coming of two on the upper one. The following are the dimensions of the infant: Length, 14 inches; thickness, 6 inches; thickness of arm, $1\frac{1}{2}$ inches; calf of leg, $2\frac{3}{4}$ inches; length of foot, $1\frac{1}{2}$ inches; circumference of cranium, $9\frac{3}{4}$ inches; circumference of neck, 5 inches. A "noble ancient" in a child of five months is refreshing, and Costa Rica is entitled to the palm for extraordinary additions to the vital statistics of the world.

Pharmaceuticals.

HORSFORD'S ACID PHOSPHATE.

Within the last year we have prescribed this preparation in a number of cases, and have been highly pleased with its positive tonic effects. It has seemed to us especially active where there was a considerable languor of the nervous system, and defects in nutrition. In the miasmatic maladies of childhood its influence was prompt and gratifying.

BAKER'S COD-LIVER OIL.

No purer oil is to be found in the American market than this. It is received monthly, in airtight cans, from the Halten Islands, Norway, the whole production of which is engaged by this energetic firm. It is sold pure and combined with malt, and also in emulsion. From the observations we have made of its effects on various patients, we can recommend it as fully possessing the therapeutic qualities of this alimentary drug.

High Potencies in Homœopathy.

The follies of homœopathy are beginning to be seen, even by the followers of Hahnemann. At the recent meeting of the Homœopathic Medical Society of New York, Dr. H. M. Paine had the candor and boldness to say:—

"Our experience in the use of high potencies

is based, as Hahnemann's was, on theoretical grounds only. It is one of the most singular forms of idealism ever seriously entertained by the medical profession. I firmly believe that when our reputed cures are reported in connection with all the cases treated, we shall find that their frequency is not greater than those of daily occurrence without the intervention of medicine of any kind."

The Metric System.

A correspondent—one of many—writes us "I would most earnestly request that you *always* give the weights and measures in the old system (put the metric equivalents in brackets if you choose). I think after this year I will subscribe to such journals only as give the old system."

Our own views on this subject are well known; we have not believed the metric system adapted to the medical practice of this country; but we do hold that every physician should be sufficiently familiar with it to be able readily to convert the one into the other method of measurement.

Fatal Military Etiquette.

The following singular case is reported in the daily papers:—

Archibald Gibson, Second Lieutenant of the Seventh U. S. Cavalry, died January 26th, 1881, in St. Louis. The cause of his death was inflammation of the brain, believed to be the consequence of an accident which happened while he was at West Point. One day, on parade, a spider got into one of his ears. Under the rules he could not raise his hand, and he stood in the ranks for more than an hour, while the insect worked its way inside. When dismissed, Gibson's ear was full of blood, and it was two days before the insect could be removed. Corrosion of the internal bone followed, and after suffering severely from sickness while on duty with his regiment in Dakota, he went home expecting to resign, but as it proved, to die.

The Philadelphia County Medical Society.

A meeting of the Philadelphia County Medical Society was held January 19th, at the hall, Thirteenth and Locust streets. The following named gentlemen were elected officers for the ensuing year: President, Dr. A. H. Smith; Vice Presidents, Drs. H. Y. Evans and C. H. Mills; Recording Secretary, Dr. H. Leffman; Assistant Recording Secretary, Dr. J. D. Nash; Reporting Secretary, Dr. Frank Woodbury; Treasurer, Dr. W. M. Welsh; Corresponding Secretary, Dr. J. B. Roberts; Librarian, Dr. M. O'Hara; Censor, F. P. Henry. Delegations to the American Medical Association at Richmond, Va., and to the Medical Society of the State of Pennsylvania, at Lancaster, were also elected.

Mr. Sothorn as a Physician.

The late eminent comedian was designed by his family for a surgeon, but after witnessing an operation in one of the London hospitals he be-

came disgusted with his destined profession, and next turned to the study of theology, with the object of entering the English Church. A chance participation in amateur theatricals, when he assumed the character of Othello, decided his choice of profession.

Humanized Vaccine Virus.

At the request of various correspondents, we have arranged to supply those who wish it with humanized vaccine virus, in the shape of scabs. They are obtained from healthy white children, and are guaranteed fresh and active. Price \$1.50 and \$2.00, according to size.

The deaths from smallpox in this city numbered, last week, 54, a decided increase on the average of the last month.

German Eye and Ear Infirmary.

For the year 1880 there have been gratuitously treated at the German Eye and Ear Dispensary, 441 North Fifth Street (Dr. M. Landesberg, Surgeon in charge), 1190 patients, of which number 828 were for eye diseases, and 361 for ear diseases. The number of important operations performed in the Institute were 111, of minor 153.

OBITUARY NOTICES.

—The death is announced of Dr. Julius Vogel, from cardiac rupture. The deceased was director of the Medical Clinique, and Professor of Special Pathology and Therapeutics at Halle.

—Dr. J. L. Vattier, of Cincinnati, died in that city, January 13. He was the oldest physician born on the spot and one of the oldest inhabitants, having first seen the light Oct. 31, 1808, close to the river, on Broadway. He was highly respected as a citizen and physician.

—Dr. John Edwin Alvord, of Berwick, Pa., closed his life on New Year's day, 1881. He was born in Illinois in 1845, received his diploma at the Jefferson Medical College, and won an enviable reputation in the community where he resided.

—Dr. Charles McDermont, formerly Surgeon-General of Ohio, and one of the most prominent surgeons in the Army during the war, died at Dayton, Ohio, January 7th, from rheumatic troubles contracted during the war.

—Dr. William Darrach died January 28th, at his residence, in Germantown. He was born in this city in 1839. He was educated at the University of Pennsylvania, from which he graduated B.A. in 1859 and M.D. in 1861. He established himself in general practice in Germantown, and continued there until his death. Dr. Darrach was a member of the Philadelphia College of Physicians and Surgeons, of the Philadelphia Pathological Society, and of the Society of the Alumni of the University of Pennsylvania. During the war of the rebellion he served as an Acting Assistant Surgeon in the United States army, and was on duty for several months at the McClellan United States Army General Hospital, in Germantown.

—The Camden Dispensary, last year, treated 2453 cases, of which 101 were smallpox.

QUERIES AND REPLIES.

Dr. J. H. P.—"Bartholow on Hypodermic Medication." Price \$1.25.

Sicurus.—We have looked up the matter, but can find no definite description of the plant called *hermodactyl* by the ancients. Many of these old names have not been identified.

Dr. S. K., of Pa.—We can furnish complete sets of the REPORTER from 1858.

Drs. B and M., Ohio, send us a formula for Tully's powder:—

R. Oretæ prepar.,
Pulv. camphoræ,
Extract glycyrrhizæ, aa ʒxxxij
Morphiæ sulphatis, ʒj. M.

Dose, 5 to 10 grains.

Dr. W. L., of California, writes: "If your Middleton, N. Y., correspondent had poured quicksilver on the gold ring that was on his patient's penis he could then have easily broken the ring with his fingers. He would thus have relieved both the patient and jeweler of considerable embarrassment. I hope he will try this plan on the next case of the kind he meets.

It asks: "How is it necessary to proceed in order to get the appointment of resident at the Philadelphia Hospital? What are the duties of Resident at that institution? Is it necessary to undergo an examination?"

Ans.—The appointments are made annually, after an examination. The duties are professional only. Political or social influence is not wholly without effect in securing the appointment.

MARRIAGES.

DOWNEY—MUSSELMAN.—At the residence of the bride's parents, Topoka, Ill., on Thursday, Dec. 23d, 1880, by Rev. W. C. Avey, John W. Downey, M.D., and Mary Alice Musselman.

MILNER—WETHERILL.—On January 12th, 1881, at the residence of the bride's parents, near Kennett Square, Pa., by Friend's ceremony, R. Hamilton Milner, M.D., of this city, and Sallie R., daughter of Isaac Wetherill.

RHEA—WADE.—At the residence of the bride's parents, in Bristol, Ohio, on the evening of December 29th, by the Rev. E. B. Wakefield, Dr. A. H. Rhea, of Sharpsville, Pa., and Miss Mattie Wade, of the former place.

VAN MATER—AARONSON.—At Columbus, New Jersey, January 13th, by the Rev. H. R. Hall, Dr. D. G. Van Mater, and Susie, daughter of Robert Aaronson, Esq., all of Columbus.

DEATHS.

BRAUN.—Dr. Louis Braun, December 30th, 1880, of broncho-pneumonia, aged fifty-five years and six mos., at Elizabeth, N. J.

FITHIAN.—At his residence, in Woodbury, N. J., January 8th, 1881, Joseph Fithian, M.D., in his eighty-sixth year.

FLEMING.—In this city, suddenly, on the 17th inst., D. Laublen Fleming, M.D., in the forty-second year of his age.

SELLERS.—In this city, January 5th, 1881, Hiram F. Sellers, M.D., aged forty-five years.

NESMITH.—At Paris, on December 23d, 1880, Dr. Robert Dillon Nesmith.

TERRELL.—Wednesday evening, December 29th, 1880, at the residence of his father-in-law, at New Vienna, Ohio, of consumption, Dr. P. M. Terrell, aged thirty-seven years.

THRELKELD.—Wednesday morning, 12th inst., at his late residence, near Vinalia, Ky., Dr. Wm. Threlkeld, in his sixty-seventh year.